



Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1957

BY

J. B. S. MORGAN

B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH

HEANOR, DERBYSHIRE :
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COUNTY HEALTH COMMITTEE

(As at 31st December, 1957)

ALDERMAN MRS. E. HARRISON
(Chairman)

ALDERMAN MRS. F. E. SHIPLEY
(Vice-Chairman)

Aldermen

MRS. G. BUXTON.
N. GRATTON.
MRS. D. M. SUTTON.

E. SWALE.
T. W. WARDLEY.
F. WILSON.

Councillors

MRS. A. D. AUSTIN.
N. B. BANKS.
H. R. BENNETT.
R. J. BOAK.
J. CARTER.
H. FISHER.
J. H. GREGORY.
J. W. HALL.
C. J. MERREY.
C. V. MOORE.

MRS. E. G. REDFERN.
E. F. ROWBOTTOM.
J. F. STANIER.
J. H. THOMPSON.
H. T. TISDALE.
W. H. WHITEHEAD.
J. WILLIAMSON.
E. WRIGHT.
A. F. T. WYATT.

Co-opted Members

DR. E. C. DAWSON.
A. J. WILSON, ESQ., F.R.C.S.
T. ALLSOP, ESQ., O.B.E., J.P.
J. CLARKE, ESQ.

MRS. S. A. JERVIS.
MRS. H. KEMP.
MRS. D. M. ASHLEY.

Ambulance Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN T. W. WARDLEY.

COUNCILLOR H. FISHER.
COUNCILLOR H. T. TISDALE.
COUNCILLOR W. H. WHITEHEAD.
COUNCILLOR A. F. T. WYATT.

Mental Health Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN MRS. G. BUXTON.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN T. W. WARDLEY.

COUNCILLOR N. B. BANKS.
COUNCILLOR H. FISHER.
COUNCILLOR MRS. E. G. REDFERN.

Staff Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN MRS. D. M. SUTTON.

COUNCILLOR N. B. BANKS.

Representing Chesterfield Corporation.

ALDERMAN L. HEATH.
ALDERMAN W. E. TAYLOR.
COUNCILLOR MRS. A. COLLISHAW.
COUNCILLOR R. H. BROOMHEAD.
COUNCILLOR O. WAKE.
COUNCILLOR MRS. A. WILKINSON.

Representing the County Health Committee.

Representing the Education Committee.

ALDERMAN MRS. G. BUXTON.
ALDERMAN MRS. O. EDEN.
ALDERMAN F. A. GENT.
COUNCILLOR J. B. HANCOCK.

(As at 31st December, 1957)

(Chairman)

(Vice-Chairman)

Aldermen

MRS. D. M. SUTTON.
E. SWALE.
T. W. WARDLEY.
C. WASS.

Councillors

D. LOMAS.
J. G. NEAL.
D. PRINCE.
R. SKELTON.
T. R. WRIGHT.
A. F. T. WYATT.

Milk Licences Sub-Committee

COUNCILLOR T. T. JENNINGS.

Rural Water Supplies and Sewerage Act Sub-Committee

COUNCILLOR H. G. BOOTH.
COUNCILLOR A. ETHERINGTON.
COUNCILLOR T. T. JENNINGS.
COUNCILLOR J. G. NEAL.

*To the Chairman and Members of the
Derbyshire County Council.*

Ladies and Gentlemen,

I have the honour to present the 68th Annual Report on the health of the County of Derby.

W. H. Davies (1871—1940), the Tramp-Poet, of Newport, Monmouthshire, wrote the following lines :—

“What is life if, full of care,
You have no time to stand and stare ?”

I feel that in those two lines an answer is suggested which would provide, if acted upon, greater happiness and efficiency and better mental and physical health. I have often said that “Speed has no merit unless you are going in the right direction !” If you “stand and stare” it provides an opportunity for reflection and for taking account of what is relevant in one’s own experience before deciding on the line to be taken. Real satisfaction is obtained only if the best is performed or given.

Our present civilisation tends to make “a god of speed”, but it is at a price ! The incidence of coronary thrombosis, duodenal and gastric ulceration, neurosis and mental trouble are a heavy toll to pay for increased speed (There are probably several factors concerned in their etiology but excessive speed is regarded as a frequent contributor to their causation).

An anonymous contributor to the *Western Mail* recently wrote : “Our highest trust is to serve God and our generation in faith and hope ; to think calmly and well : ‘nothing valuable can be lost by taking time !’”

Although the people of this country have been smoking the leaf of the tobacco plant since Raleigh’s time, I feel that larger numbers of our population have been turning latterly to it for solace—to soothe their harassed nerves caused by the speed of modern life. Unfortunately figures seem to suggest that it brings with it an increased incidence of respiratory and cardio-vascular complaints.

This is the age of “tranquillisers”. While they help to quieten the person with frayed nerves they often produce undesirable “side effects”. On reflection it would be better for our lives to be so adjusted that the conditions giving rise to their use were removed.

“A poor life this if, full of care,
We have no time to stand and stare.”

A person who worked in the Mental Health field expressed the view recently that while E.C.T. was of value T.L.C. was often better. A friend of his said “I know E.C.T. is short for electro-convulsive

therapy but what does T.L.C. mean?" He replied "Tender loving care!" I am sure this is true in many instances and it would be well to ponder over those words. It would be wrong, however, to oversimplify the requirements of treatment because I feel the causes of mental disorder are often complex.

More money is needed to be spent on research. It has to be conceded (a) that some minds are more suitable for research than others, and (b) that it is proceeding continuously in many aspects of diagnosis and treatment, and at many levels at the present time. But the greatest need in the future is for central direction with co-ordination, correlation and co-operation at all levels to tap the springs of ideas, knowledge and experience that are often flowing away to waste around us.

Probably the greatest problem in the next few years in the implementation of the Royal Commission's recommendations on Mental Health will be how to reconcile the freedom required for the individual patient with the safety needed for the general public. It may be in this land of compromise the individual and the general public will each have to give up something in the interests of the other.

Our legal system has empowered the magistracy to enforce custodial care for patients who are regarded as mentally disordered either in the latter's interest or that of the community. The Royal Commission now suggests this power be transferred to the medical profession, but although an increasing number of patients are now admitted voluntarily to mental hospitals, it does not have the protection from actions for damages that is granted to the magistracy. This is rather disturbing and it would be well for the Government before providing legislation to implement the Royal Commission's recommendations to give much thought to it, because taking a wide view it will not be in the interests of patients or the general public if the medical profession is continually conscious of the "Sword of Damocles" hanging over its head.

Some forms of mental disorder are likely to give rise to sexual or other forms of assault. Many members of the public often advise that the persons concerned be "fastened up" because of this possibility; on the other hand, numerous patients certainly do not deserve this harsh treatment. In fairness to an enlightened legislature, the number sent to prison rather than to mental hospitals has diminished considerably latterly. Probably there is no subject which causes people "to blow hot and cold" so frequently as mental health, and, therefore, we must be ever watchful to keep a sense of balance.

Dr. Alexander Kennedy, the Professor of Psychiatry at Edinburgh University made the following comment in an article he wrote recently in *The Times*: "The future of mental hygiene is now just as rosy as the Treasury will allow"; and I would say that those words are equally applicable to all the social services. In the ultimate it depends on what things are thought to be valuable in life, and it is my submission that good health is an essential ingredient if a life is to be happy and useful.

The Birth Rate and Death Rate from all causes per 1,000 of the estimated population, which is 717,900, were respectively 15.76 and 12.13, whereas the corresponding rates for England and Wales (provisional) were respectively 16.1 and 11.5. The percentage of illegitimate births was 3.48, as compared with 3.46 in the previous year.

There were 7,637 deaths, whereas there were 7,800 in the previous year. Out of 7,637 deaths, 1,347 were certified as being due to heart disease, 1,248 as being due to malignant disease, and 1,231 as being due to vascular lesions of the nervous system. In the case of the 1,248 deaths from malignant disease, it is interesting to observe that the lesion was in the stomach in 198 patients ; in the lung or bronchus in 210 cases ; in a breast in 122 ; and in the uterus in 55.

The headings under which deaths were tabulated were changed in 1950, and consequently the individual figures prior to that year are not strictly comparable with those that have been provided subsequently. It is proposed, therefore, to set out in the following table the deaths from respiratory tuberculosis and cancer of the lungs, for 1950 and subsequent years :—

<i>Year</i>	<i>Deaths from</i>		<i>Total</i>
	<i>Respiratory Tuberculosis</i>	<i>Malignant Neoplasm of lung or bronchus</i>	
1950 ..	154	141	295
1951 ..	119	157	276
1952 ..	110	167	277
1953 ..	113	165	279
1954 ..	80	165	245
1955 ..	74	173	247
1956 ..	51	233	284
1957 ..	51	210	261

The number of notifications and deaths from all forms of tuberculosis during the last ten years are set out in Table XVI on page 36. From a perusal of that Table it will be seen that in the year under review 387 new cases were notified and fifty-six deaths recorded.

The late Sir William Osler, the renowned physician, said : "Tuberculosis is a social disease with medical aspects".

While I believe medicine and surgery have contributed to the more favourable figures on tuberculosis mortality, social factors have played the more dominant role—improved housing, nutrition, wages, hygiene, hours of work, exercise, etc., although our atmospheric conditions leave much to be desired. (Perhaps the Clean Air Act, which came into operation on June 1st, 1958, will help to rectify matters.)

B.C.G. is an additional weapon which we have recently been using in this country, but we must be careful not to attribute to it effects which are more properly credited to other things. In my

opinion it will be of value if used with much discretion to selected groups of people who are exposed to special risk, rather than to the population at large, but many doctors disagree on this point. The Duchess of Kent made a very shrewd comment at the Commonwealth Chest Conference in July, 1958, when she said, "It is by friendly disagreement we get nearest to the truth!" Doctors often have differing opinions, but I never mind disagreement, providing no malice or rancour is generated, because real advances are made only when they are based on truth.

The infantile mortality rate is 24.33 deaths under one year of age per thousand live births, as compared with a provisional figure of 23.1 for England and Wales, which is the lowest ever recorded in this country. Table III on page 21 sets out the figures for Derbyshire since 1930. Your attention is also drawn to Tables IV and V relating to neo-natal and perinatal mortality.

The maternal mortality rate was 0.51 per thousand live and still births. The figure for 1955 was 0.38, which was the lowest on record. For 1956 the figure was 0.62. Your attention is drawn to Table IX on page 30 which shows the mortality over the last twenty-one years.

The number of deaths from coronary disease, including angina pectoris, was 1,008 in the year under review compared with 1,069 in 1956, 962 in 1955, and 942 in 1954.

I am pleased to report there have been no notifications or deaths from diphtheria in Derbyshire during the year.

Dr. R. M. C. Tyner, our Senior Medical Officer for Mental Health, left the County Council's service on 31st January, 1957, after having served the Department only from 7th November, 1955, in order to gain experience in the institutional management of patients at the Pastures Hospital. He was succeeded in the post of Senior Medical Officer by Dr. Margaret Fynne, who took up her duties on 11th March, 1957.

Dr. Gertrude I. L. Villiers, the Senior Maternal and Child Welfare Medical Officer, left the staff on 30th April, 1957, to enter general medical practice and to join her husband who was studying dentistry at Birmingham University. She was succeeded by Dr. Margaret McCullough, who started her duties on 19th August, 1957.

Mr. Pedley, our Chief Clerk since 1940, retired on 31st December, 1957, after serving in the Health Department in various clerical capacities from August, 1909. While I had been associated with him for only the last nineteen of his forty-eight years' service with the County Council, I realised he possessed certain qualities to a high degree—namely, efficiency, co-operation, courtesy, and conscientiousness, but there was one other quality that stood out above the rest and that was a fine sense of judgment, which, in my opinion, is rather rare. We all wish him a peaceful and happy retirement, in good health, after strenuous and efficient labours over such a long period.

In this world which seems to be undergoing quick changes, not least in the sphere of health, it is a pleasure to pay tribute to certain people for helping the Department to keep on an "even keel", namely : (a) Ald. Mrs. E. Harrison, Ald. F. A. Gent and Ald. C. Feakin, the respective Chairmen of the Health, the Education and the Weights and Measures and Miscellaneous Services Committees for their assistance in obtaining the support of their Committees for new projects placed before them ; (b) the Clerk and Heads of Departments for their co-operation ; and (c) the Staff of the Health Department, trained in such a variety of disciplines, for their help in carrying out the principles of health, but not least Dr. Woodward, my Deputy, Mr. Gray, the Principal Dental Officer, the Senior Medical Officers, the Supervisors of Nursing and Health Visiting, the Ambulance Officer, the Public Health Inspector and the Chief Clerk.

I am,

Your obedient Servant,

J. B. S. MORGAN,

County Medical Officer of Health.

*County Offices,
Matlock.*

5th July, 1958.

**MEDICAL AND DENTAL STAFF
OF THE COUNTY HEALTH DEPARTMENT
(31st December, 1957)**

COUNTY MEDICAL OFFICER OF HEALTH :

J. B. S. MORGAN, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH :

V. J. WOODWARD, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER FOR MATERNAL AND CHILD WELFARE :

ISABEL M. McCULLOUGH, L.R.C.P. & S.I., D.C.H., D.R.C.O.G.

SENIOR MEDICAL OFFICER FOR MENTAL HEALTH :

MARGARET FYNNE, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.

SENIOR ASSISTANT COUNTY MEDICAL OFFICER :

(Vacant)

AREA MEDICAL OFFICER FOR CHESTERFIELD BOROUGH :

J. A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS :

W. J. MORRISSEY, M.B., B.Ch., D.P.H.

A. R. ROBERTSON, M.B., Ch.B., D.P.H.

MARY SUTCLIFFE, M.A., M.B., B.Ch., D.P.H.

P. WEYMAN, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

COUNTY BACTERIOLOGIST :

J. L. G. IREDALE, M.B., Ch.B., D.P.H.

MATERNAL AND CHILD WELFARE MEDICAL OFFICERS :

ETHEL A. BLAKE, M.B., B.Ch., B.A.O., L.M., D.R.C.O.G.

DOROTHY M. JACKSON, M.B., Ch.B.

DOROTHY J. PERSEY, M.B., Ch.B., D.C.H., D.R.C.O.G.

CONSTANCE M. WHITE, M.B., B.S.

ASSISTANT MATERNAL AND CHILD WELFARE MEDICAL OFFICERS :

M. ALLAN, M.B., Ch.B., D.P.H.

G. COCHRANE, M.A., M.B., Ch.B., D.P.H.

MARY F. COONEY, M.B., B.Ch., B.A.O., D.C.H., D.P.H.

J. W. CRAWSHAW, M.B., Ch.B.

R. E. DEAN, L.R.C.P. & S., L.R.F.P.S.

J. DUTHIE, M.B., Ch.B.

ANNA L. FRENKIEL, M.R.C.S., L.R.C.P., D.R.C.O.G.

B. H. GOOCH, B.Ch., M.B., L.M.S.A.A., M.A.

WINIFRED GOW, M.B., Ch.B.

ALISON M. HAMILTON, M.B., Ch.B., D.P.H.

H. JAMES, L.R.C.P., L.R.C.S., L.R.F.P.S.G., D.P.H. (Chesterfield B).

DOROTHEA KOFFMAN, M.D., D.P.H.

D. M. McCARTHY, L.R.C.S.I., L.R.C.P.I.

MARGARETE KUTTNER, M.D.

JOAN M. B. LEITH, M.B., Ch.B., D.P.H. (Chesterfield B).

MEINER MORRIS, M.R.C.S., L.R.C.P.

MARY T. VASS, L.R.C.P.I., L.R.C.S.I., L.M.

DENTAL STAFF :

Chief Dental Officer—

H. E. GRAY, L.D.S.

Dental Officers—

J. C. BOWMAN, B.Ch.D., L.D.S.

WILMA DRURY, L.D.S. (Part-time).

G. H. FREEMAN (Dentist, 1921).

SHIRLEY HUMPHSTON, B.D.S.

FLORA M. JACKSON, L.D.S. (Part-time).

DOROTHY LITTLAR, L.D.S. (Part-time).

A. R. LITTLAR, L.D.S. (Senior Dental Officer, Chesterfield B.).

ANNIE KEAN, L.D.S. (Chesterfield B).

TABLE I.
BIRTH RATE, INFANTILE MORTALITY RATE AND DEATH
RATE DURING THE LAST SIXTY-SEVEN YEARS.

Year		<i>Rates per 1,000 of Population</i>	Infantile Mortality per 1,000 Births	<i>Rates per 1,000 of Population</i>
		Birth Rate		Death Rate from all Causes
1891 to 1900	WHOLE COUNTY England and Wales	33.7 29.9	147 153	17.1 18.3
1901 to 1910	WHOLE COUNTY England and Wales	28.5 27.1	126 128	14.1 15.3
1911 to 1920	WHOLE COUNTY England and Wales	24.07 21.90	99 100	12.66 13.85
1921 to 1930	WHOLE COUNTY England and Wales	19.73 18.36	70.7 71.7	10.92 12.14
1931 to 1940	WHOLE COUNTY England and Wales	15.71 14.93	56.7 58.6	11.31 12.26
1941 to 1945	WHOLE COUNTY England and Wales	18.21 16.04	45.6 49.8	10.94 11.92
1946	WHOLE COUNTY England and Wales	19.60 19.1	38.95 43.0	10.96 11.5
1947	WHOLE COUNTY England and Wales	20.89 20.5	42.81 41.0	11.26 12.0
1948	WHOLE COUNTY England and Wales	18.13 17.9	43.45 34.0	10.42 10.8
1949	WHOLE COUNTY England and Wales	17.01 16.7	36.5 32	10.93 11.7
1950	WHOLE COUNTY England and Wales	15.78 15.8	30.19 29.8	11.13 11.6
1951	WHOLE COUNTY England and Wales	15.21 15.5	28.83 29.6	11.67 12.5
1952	WHOLE COUNTY England and Wales	15.21 15.3	29.64 27.6	10.56 11.3
1953	WHOLE COUNTY England and Wales	15.41 15.5	28.79 26.8	10.20 11.4
1954*	WHOLE COUNTY England and Wales	14.86 15.2	28.03 25.5	11.55 11.3
1955*	WHOLE COUNTY England and Wales	14.66 15.0	29.14 24.9	11.67 11.7
1956*	WHOLE COUNTY England and Wales	15.34 15.6	24.15 23.7	12.29 11.7
1957*	Urban Districts ..	15.19	26.21	12.38
	Rural Districts ..	16.34	22.52	11.91
	WHOLE COUNTY ..	15.76	24.33	12.13
	England and Wales	16.1†	23.1†	11.5†

* See remarks at top of page 18.

† Provisional.

REPORT ON THE HEALTH OF DERBYSHIRE FOR THE YEAR 1957

STATISTICS AND SOCIAL CONDITIONS

AREA AND POPULATION

The Administrative County of Derby comprises twenty-nine Sanitary Districts, four of which are Municipal Boroughs, sixteen Urban Districts and nine Rural Districts.

The County has an area of 635,456 acres, 98,065 in Municipal Boroughs and Urban Districts and 537,391 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1957 was as follows :—

Municipal Boroughs	138,620
Urban Districts	224,180
Rural Districts	355,100
 Total Administrative County ..	 <u>717,900</u>

RATEABLE VALUE

The rateable value of the Administrative County in April, 1957, for County Rate purposes was £6,630,099, and a penny rate over the whole County was estimated to produce the sum of £25,925.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS.

The main industries which give the people of this county occupation, are coal mining carried on in the East and North-East and a small area in the South-Western portion of the County, and agriculture, particularly in the Western and Central parts of the County. The staple industries in the extreme North-Western area adjoining Lancashire are those connected with the cotton trade, whilst in the South-Eastern area adjoining Nottinghamshire the hosiery and lace trades provide the chief occupation. In this area, too, artificial silk manufacturers absorb an appreciable portion of the population. In the Northern and North-Central areas the chief industries are quarrying, limestone crushing and lime burning, working and dressing millstone grit, and silica brick making. A number of these industries come under the heading of "Refractories Industries", some of which are known to pre-dispose to pulmonary disease. In the extreme South-Western portion of the County, pottery manufacture is one of the prominent industries.

VITAL STATISTICS.

The Vital Statistics relating to each District in the County for the year under review are given in Table II.

COUNTY OF DERBY.

TABLE II.—TABLE GIVING BIRTH RATES AND DEATH RATES FROM SEVERAL

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Area in Acres (Land and Water).	POP
			Census 1931
(URBAN)			
ALFRETON	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,176	22,262
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., D.P.H.	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ..	3,061	3,028
BELPER	W. J. Morrissey, M.B., B.Ch., D.P.H.	4,294	14,205
BOLSOVER	A. R. Robertson, M.B., Ch.B., D.P.H.	4,526	9,808
BUXTON (Borough)	G. Cochrane, M.B., Ch.B., D.P.H. ..	6,337	16,884
CHESTERFIELD (Borough) ..	J. A. Stirling, M.B., Ch.B., D.P.H. ..	8,472	64,160
CLAY CROSS	J. R. Graham, M.B., Ch.B., D.P.H.	2,349	8,781
DRONFIELD	J. R. Graham, M.B., Ch.B., D.P.H.	3,452	6,388
GLOSSOP (Borough)	M. Sutcliffe, M.B., B.Ch., D.P.H. ..	3,323	20,001
HEANOR	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,417	22,482
ILKESTON (Borough)	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	3,017	33,164
LONG EATON	C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559	23,321
MATLOCK	G. L. Meachim, M.B., Ch.B. ..	16,599	16,596
NEW MILLS	M. Sutcliffe, M.B., B.Ch., D.P.H. ..	5,244	8,626
RIPLEY	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,415	17,713
STAVELEY	J. R. Graham, M.B., Ch.B., D.P.H.	6,504	17,845
SWADLINCOTE	M. Allan, M.B., Ch.B., D.P.H. ..	3,755	20,604
WHALEY BRIDGE	G. Cochrane, M.B., Ch.B., D.P.H. ..	3,479	4,860
WIRKSWORTH	W. S. G. Christie, M.B., Ch.B. ..	4,016	4,855
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
(RURAL)			
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., D.P.H.	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,272
BELPER	W. J. Morrissey, M.B., B.Ch., D.P.H.	48,074	23,106
BLACKWELL	A. R. Robertson, M.B., Ch.B., D.P.H.	21,668	44,689
CHAPEL-EN-LE-FRITH	G. Cochrane, M.B., Ch.B., D.P.H. ..	103,393	18,449
CHESTERFIELD	J. R. Graham, M.B., Ch.B., D.P.H. ..	69,139	64,968
CLOWNE	A. R. Robertson, M.B., Ch.B., D.P.H.	13,429	17,720
REPTON	M. Allan, M.B., Ch.B., D.P.H. ..	65,653	26,438
SHARDLOW	C. G. Woolgrove, M.B., Ch.B., D.P.H.	44,204	41,097
TOTALS OF RURAL DISTRICTS ..		537,391	267,400
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
TOTALS OF WHOLE COUNTY ..		635,456	607,691

* Rates adjusted to make allowance for sex &

ended December 31st, 1957.

USES IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

LOCATION		Births (Live)	Deaths	* Annual Rates per 1,000 of Estimated Population				Infant Death Rate per 1,000 Births	Comparability Factors	
Census 1951	Estimated Mid- 1957			Birth Rate	Death Rate	Phthisis Death Rate	Respir- atory Death Rate		Births	Deaths
23,385	23,680	404	275	16.55	13.70	0.05	1.54	24.75	0.97	1.18
5,439	5,500	71	84	13.29	9.47	0.22	1.12	14.08	1.03	0.62
3,356	3,550	27	51	7.99	7.18	0.14	0.84	—	1.05	0.50
5,714	15,660	208	163	13.15	10.72	0.07	1.05	38.45	0.99	1.03
0,817	11,530	246	95	21.33	10.79	0.23	1.48	40.65	1.00	1.31
9,568	19,180	329	222	17.84	10.88	—	0.73	18.23	1.04	0.94
8,558	67,200	951	817	13.59	13.13	0.05	1.83	29.44	0.96	1.08
8,553	9,350	169	88	17.17	11.19	—	2.29	41.41	0.95	1.19
7,627	8,930	167	78	17.02	10.83	—	2.36	—	0.91	1.24
8,004	17,450	265	303	15.64	13.19	—	0.69	18.86	1.03	0.76
24,406	24,030	343	260	13.99	13.42	0.15	1.75	29.15	0.98	1.24
33,677	34,790	562	338	15.99	12.53	0.22	1.59	14.23	0.99	1.29
28,641	29,550	443	278	14.84	10.82	0.16	1.13	40.62	0.99	1.15
7,756	18,280	250	195	13.94	10.56	0.16	0.87	12.00	1.02	0.99
8,475	8,520	140	126	17.42	14.05	—	1.00	28.56	1.06	0.95
8,192	18,040	268	199	14.85	12.68	0.06	0.57	33.58	1.00	1.15
7,945	17,530	306	192	17.10	14.78	—	2.54	32.67	0.98	1.35
20,907	19,780	283	198	14.16	11.71	0.12	1.65	21.20	0.99	1.17
5,365	5,290	53	70	10.32	13.76	—	1.18	37.72	1.03	1.04
4,893	4,960	83	51	17.23	10.59	—	0.83	12.04	1.03	1.03
1,278	362,800	5,568	4,083	15.19	12.38	0.09	1.42	26.21	0.99	1.10
2,019	11,740	163	104	15.41	9.48	0.09	0.91	30.67	1.11	1.07
9,282	18,800	263	277	15.39	13.55	0.09	1.71	22.81	1.10	0.92
8,193	29,560	411	321	14.60	11.08	0.03	1.03	14.59	1.05	1.02
3,112	43,300	735	411	16.47	12.05	0.06	1.73	25.85	0.97	1.27
9,006	18,560	267	241	16.11	12.73	0.05	0.84	29.95	1.12	0.98
5,745	92,920	1,739	842	17.40	12.50	0.10	1.57	26.45	0.93	1.38
9,072	19,260	324	195	16.99	11.95	0.12	1.84	30.86	1.01	1.18
1,570	36,430	573	385	16.04	10.22	0.03	1.09	24.43	1.02	1.02
5,893	84,530	1,385	778	15.56	11.60	0.07	0.98	12.99	0.95	1.26
3,892	355,100	5,860	3,554	16.34	11.91	0.07	1.31	22.52	0.99	1.19
1,278	362,800	5,568	4,083	15.19	12.38	0.09	1.42	26.21	0.99	1.10
5,170	717,900	11,428	7,637	15.76	12.13	0.08	1.36	24.33	0.99	1.14

distribution of population, etc.—see remarks on page 18.

The birth and death rates for each County District and for the County as a whole for the years 1954 and onwards are not strictly comparable with previous years. The reason for this is that to make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the area concerned should be multiplied by an "area comparability factor", which has been provided by the Registrar General since 1954. For 1957, the death rate area comparability factors have been adjusted to take account of the presence of any residential institutions in each area. When the local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area. The present factors are derived from the final 1951 Census populations.

		<i>Males</i>	<i>Females</i>	<i>Total</i>
Live Births—Legitimate	..	5,729	5,301	11,030
—Illegitimate	..	200	198	398
Total	..	<u>5,929</u>	<u>5,499</u>	<u>11,428</u>

Live Birth Rate per 1,000 of the estimated population	..	15.76
Number of Still Births .. .. .	..	293
Rate of Still Births per 1,000 (total live and still) births	..	24.99
Number of Deaths .. .. .	..	7,637
Death Rate per 1,000 of the estimated population	..	12.13

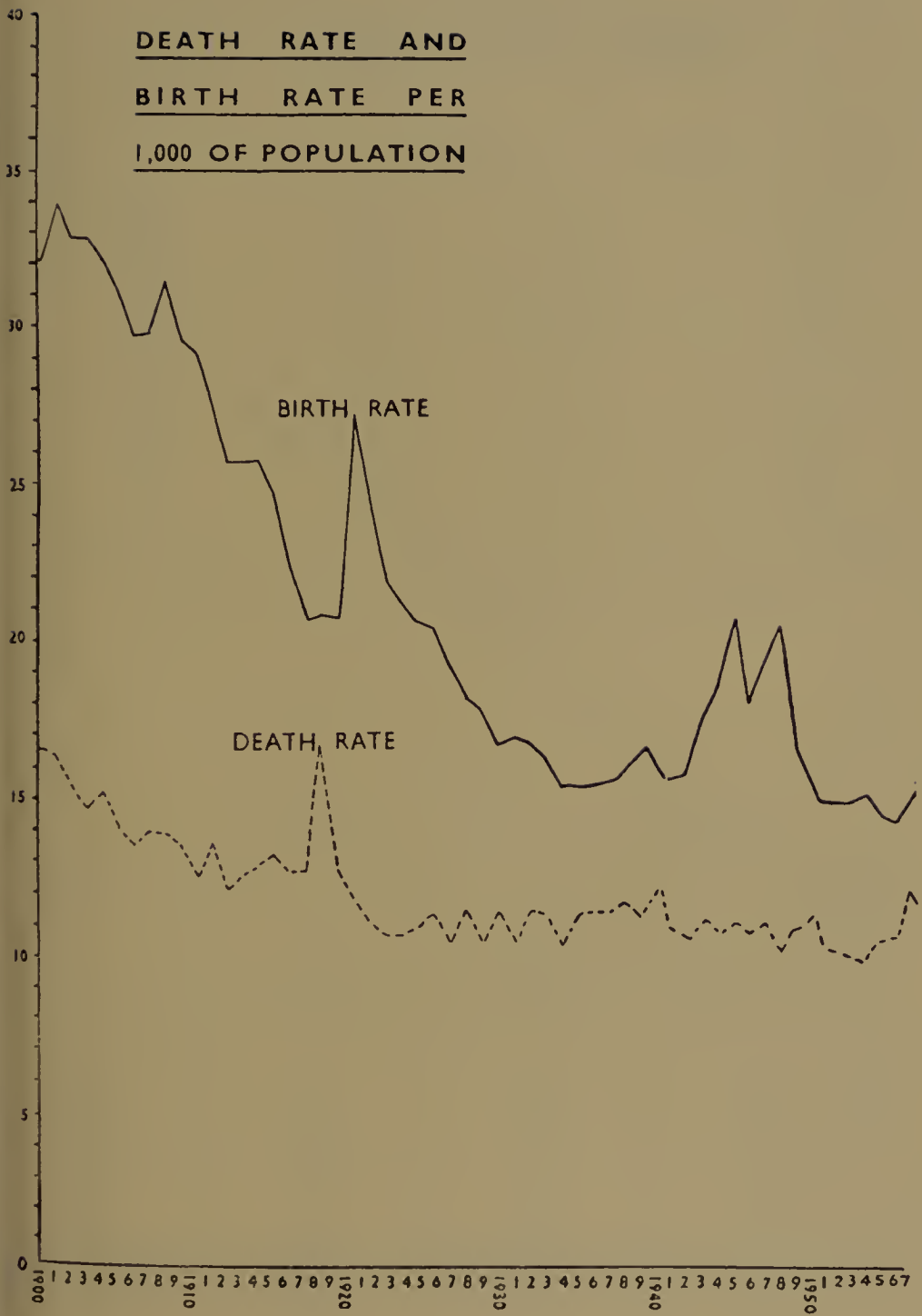
	<i>No. of Deaths</i>	<i>Rate per 1,000 live and still Births</i>
Deaths and Death Rate from :—		
Pregnancy, Childbirth and Abortion	6	0.512

Death Rate of Infants under 1 year of age :—

All infants (per 1,000 live births)	..	24.33
Legitimate infants (per 1,000 legitimate live births)	..	24.56
Illegitimate infants (per 1,000 illegitimate live births)	..	17.58

	<i>No. of Deaths</i>	<i>Rate per 1,000 of estimated population</i>
Deaths and Death Rate from :—		
Cancer (all ages)	1,248	1.98
Measles (all ages)	—	—
Whooping Cough (all ages)	..	—

DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION



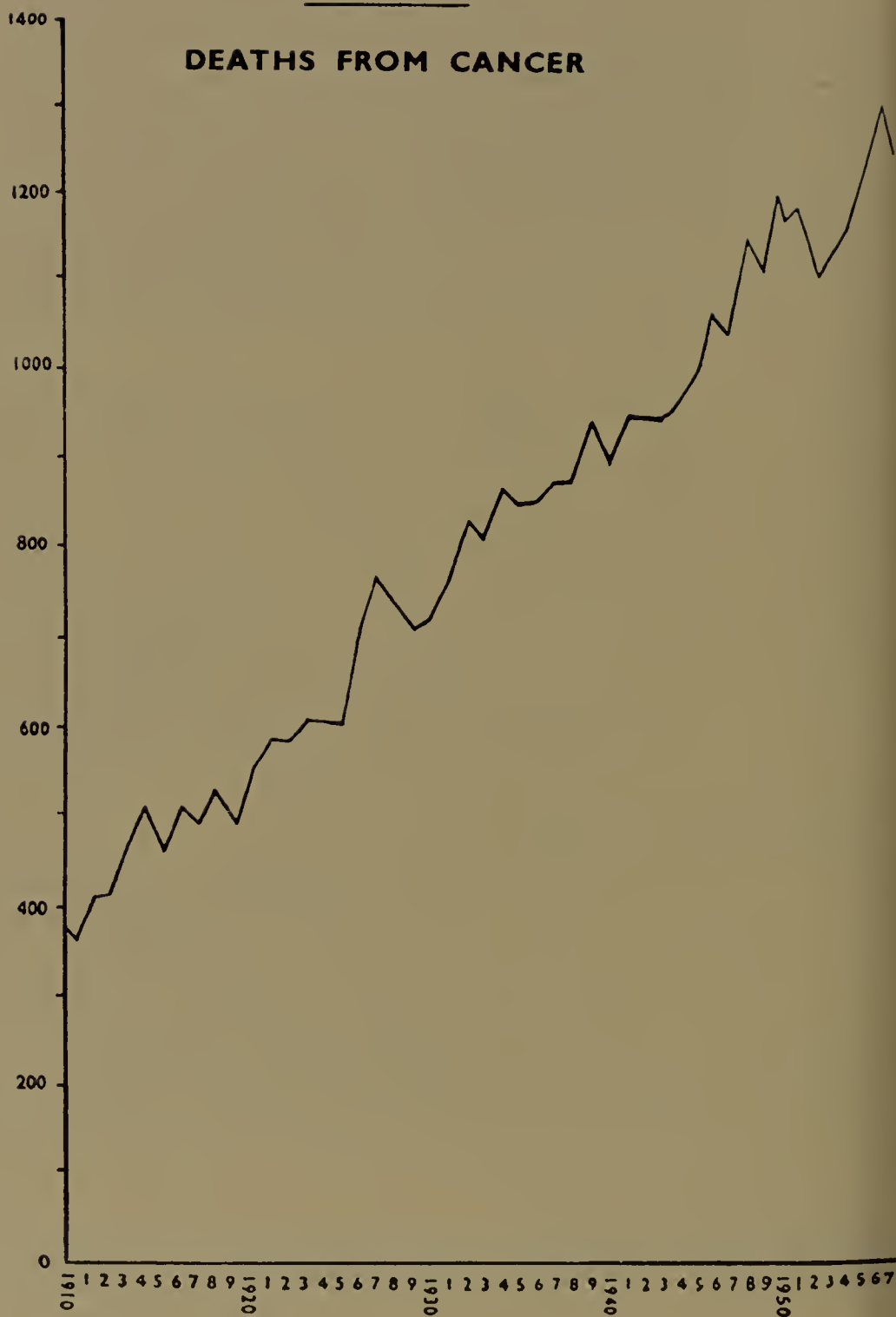
DERBYSHIRE**DEATHS FROM CANCER**

TABLE III.

INFANTILE MORTALITY RATE

(Infants dying under one year per thousand live births)

<i>Year</i>	<i>Rate</i>	<i>Year</i>	<i>Rate</i>
1930 ..	61.4	1944 ..	42.1
1931 ..	67.4	1945 ..	44.5
1932 ..	63.4	1946 ..	38.9
1933 ..	62.2	1947 ..	42.81
1934 ..	53.0	1948 ..	43.45
1935 ..	56.6	1949 ..	36.50
1936 ..	58.2	1950 ..	30.19
1937 ..	52.1	1951 ..	28.83
1938 ..	51.1	1952 ..	29.64
1939 ..	47.4	1953 ..	28.79
1940 ..	55.4	1954 ..	28.03
1941 ..	51.0	1955 ..	29.14
1942 ..	42.2	1956 ..	24.15
1943 ..	48.1	1957 ..	24.33

The rate for England and Wales in 1957 was 23.1 (provisional).

TABLE IV.

NEO-NATAL MORTALITY RATE

(Infants dying under four weeks of age per thousand live births).

<i>Year</i>	<i>Number of Neo-natal Deaths</i>	<i>Rate per 1,000 Live Births</i>	
		<i>Derbyshire</i>	<i>England & Wales</i>
1946 ..	293	23.0	24.5
1947 ..	325	23.7	22.7
1948 ..	310	25.5	19.7
1949 ..	243	21.1	19.3
1950 ..	188	17.4	18.5
1951 ..	184	17.6	18.8
1952 ..	197	18.9	18.3
1953 ..	190	17.8	17.7
1954 ..	197	18.9	17.7
1955 ..	210	20.3	17.3
1956 ..	191	17.3	16.8
1957 ..	211	18.46	16.5*

* Provisional.

TABLE V.

The following Table analyses the causes of death of the 211 children who died during 1957 under four weeks of age, and also shows those who died in the first week:—

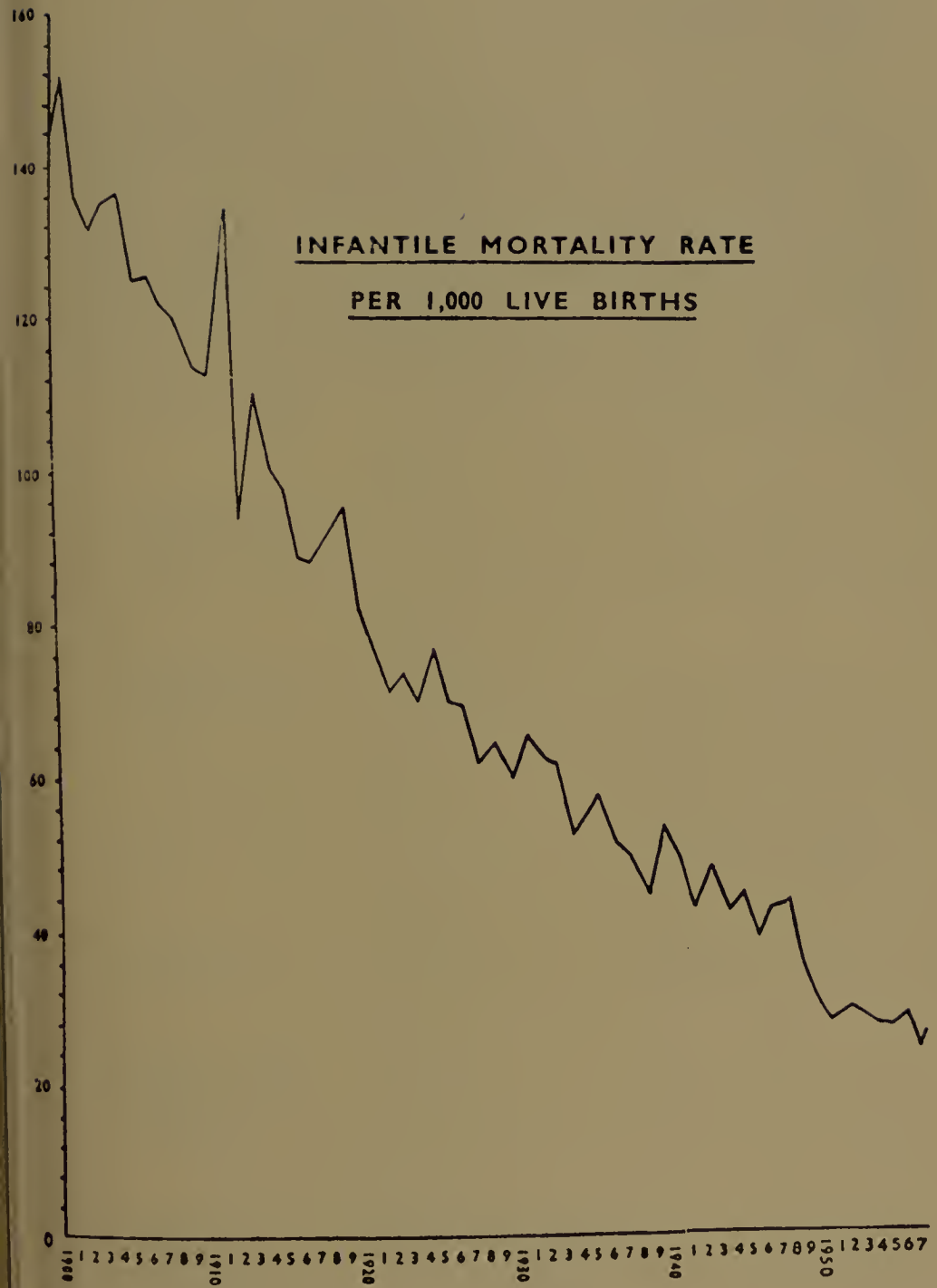
<i>Causes of Death</i>	<i>Number of Deaths under 4 weeks of age</i>			<i>Number of Deaths under one week</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Congenital malformations ..	30	22	52	29	20	49
Birth accidents	13	10	23	13	10	23
Infections .. '	20	10	30	15	7	22
Asphyxia	4	9	13	3	9	12
Prematurity	34	36	70	33	36	69
Congenital malformations and prematurity	8	3	11	8	3	11
Birth accidents and prematurity	1	2	3	1	2	3
Infections and prematurity ..	4	5	9	4	4	8
Totals ..	114	97	211	106	91	197

From the foregoing it will be seen that the infantile mortality rate was 24.33 per 1,000, which represents 278 children who died under one year of age (compared with a rate of 23.1 (provisional) for England and Wales). Of the 278 children, 211 (75%) died within four weeks, giving a neo-natal death rate of 18.46 per 1,000 (compared with 16.5 (provisional) for the country). Further, 197 of these infants (70.9%) died within the first week.

Peri-Natal Mortality.

In my Report for 1956 I mentioned that the Chief Medical Officer of the Ministry of Health had referred recently to the term "peri-natal mortality" which was increasingly coming into use to connote a combination of still-births with deaths occurring during the whole or part of the neo-natal period. It was hoped by this combination to avoid the fallacies which are liable to occur when the still-birth and neo-natal mortality rates are considered separately, as in many cases it is merely a matter of chance whether the foetus dies within the womb, in the birth passages, or immediately following birth. The concept of peri-natal mortality, by providing for consideration a period of time covering these events, eliminates the chance effect and may enable a juster estimate to be made of the factors involved in their causation. It was suggested that probably the most useful combination would be stillbirths plus early neo-natal deaths (that is, deaths during the first week). This basis has, therefore, been used in calculating the peri-natal mortality rate for Derbyshire. The rate for 1957 was 41.8 per 1,000 live- and still-births (compared with a provisional figure of 36.2 for England and Wales).

INFANTILE MORTALITY RATE
PER 1,000 LIVE BIRTHS



LOCAL GOVERNMENT ACT, 1933 (Section 111).

The County Council's Scheme under Section 111 of the Local Government Act, 1933, for the appointment of District Medical Officers of Health who are restricted from engaging in private practice, which was made after consultations with the District Councils, involves the division of the County into ten groups. In many instances arrangements have been made whereby the District Medical Officer of Health also serves the County Council as an Assistant County Medical Officer or as an Assistant Maternal and Child Welfare Medical Officer/School Medical Officer. The table on the opposite page indicates the position as at 31st December, 1957 :—

Area No.	County Districts	Populations	Whether Section 111 scheme is operative	Proportion of time of Medical Officer devoted to	
				District Council work	County Council work
1	Clay Cross Urban .. Dronfield Urban .. Staveley Urban .. Chesterfield Rural ..	9,350 8,930 17,530 92,920	Yes	Whole-time	None
		128,730			
2	Bolsover Urban .. Blackwell Rural .. Clowne Rural ..	11,530 43,300 19,260	Yes	6/11ths.	5/11ths.*
		74,090			
3	Glossop Borough .. New Mills Urban ..	17,450 8,520	Yes	9/22nds.	13/22nds*
		25,970			
4	Buxton Borough .. Whaley Bridge Urban Chapel-en-le-Frith Rural ..	19,180 5,290 18,560	Yes	6/10ths	4/10ths.**
		43,030			
5	Bakewell Urban .. Matlock Urban .. Bakewell Rural ..	3,550 18,280 18,800	No.	Part-time.	None
		40,630			
6	Long Eaton Urban .. Shardlow Rural ..	29,550 84,530	Yes	7/11ths	4/11ths *
		114,080			
7	Swadlincote Urban .. Repton Rural ..	19,780 36,430	Yes	8/11ths	3/11ths **
		56,210			
8	Ilkeston Borough .. Alfreton Urban .. Heanor Urban .. Ripley Urban ..	34,790 23,680 24,030 18,040	Yes	8/11ths	3/11ths*
		100,540			
9	Ashbourne Urban .. Belper Urban .. Wirksworth Urban .. Ashbourne Rural .. Belper Rural ..	5,500 15,660 4,960 11,740 29,560	In operation apart from Wirksworth Urban District	6/11ths	5/11ths*
		67,420			
10	Chesterfield Borough	67,200	Yes	52%	48%†

*Indicates that the Medical Officer of Health also acts as an Assistant County Medical Officer.

**Indicates that the Medical Officer of Health also acts as an Assistant M. & C. W. Medical Officer/School Medical Officer.

†Indicates that the Medical Officer of Health also acts as the Area Medical Officer.

COUNTY BACTERIOLOGICAL LABORATORY

The Public Health Laboratory which was conducted for many years at the County Offices, Derby, became a Constituent Laboratory of the Public Health Laboratory Service on 29th January, 1958, and was transferred to 121a Osmaston Road, Derby. The following Table shows the number of examinations carried out in the Laboratory during the period 1st January, 1957 up to the date of transfer, for the Administrative County of Derbyshire and the County Boroughs of Derby and Burton-on-Trent :—

TABLE VI.

	<i>Positive</i>	<i>Negative</i>
<i>Serological Examinations—</i>		
Enteric Group of Organisms	1	120
Brucella Abortus	—	4
Paul-Bunnell for Glandular Fever	—	—
<i>Culture Examinations—</i>		
Enteric, Dysentery and Food Poisoning Group of Organisms	91	1,074
C. diphtheriae	—	233
Haemolytic streptococci	87	357
Tubercle bacilli (Sputum)	93	1,755
<i>Microscopical Examinations—</i>		
Vincent's Angina Organisms	7	193
Ringworm Parasites	—	—
Sputa for Tubercle Bacilli	211	3,185
<i>Clinical Specimens (Miscellaneous)</i>	1,240	1,068
<i>Biological Test—</i>		
Tubercle Bacilli (viable) in Clinical specimens	60	679
Tubercle Bacilli (viable) in Unselected specimens of milk	2	238
Milk for Brucella Abortus	—	—
Friedman Test (for pregnancy)	26	7
<i>Raw and Graded Milk Examinations—</i>		
*Methylene Blue Test	13	164
<i>Pasteurised and Sterilised Milk Examinations—</i>		
*Phosphatase Test	4	896
*Methylene Blue Test	2	651
*Turbidity Test	—	26
<i>Ice Cream Examinations—</i>		
*Methylene Blue Test	17	490
<i>Water Examinations—</i>		
*Coliform Test	302	2,071
*Plate Count (Swimming Bath water)	14	135
	<hr/> 2,170	<hr/> 13,346

* Positive—Unsatisfactory. Negative—Satisfactory.

Biological Tests for Tubercle Bacilli in Milk.

During the period 1st January, 1957 to 28th January, 1958, 240 unselected samples of milk, including raw and graded milk, taken in the Derbyshire County, Derby County Borough and Burton-on-Trent County Borough areas, were examined biologically for the presence of B. tuberculosis: two of the samples or 0.833 per cent were found to contain living transmissible tubercle bacilli. (The figure for 1956 was 1.194 per cent).

Distribution of Vaccine Lymph and other Prophylactic Reagents.

National Health Service Act, 1946, Section 26.

The following Table shows the vaccines, etc., issued during the period 1st January, 1957 to 28th January, 1958, in the Administrative County of Derbyshire, the County Boroughs of Derby and Burton-on-Trent, the City of Nottingham and County of Nottinghamshire :—

Vaccine Lymph 16,036

Prophylactic Reagents for Diphtheria Immunisation :—

						<i>Doses</i>
A.P.T.	..	..	..	..	..	10,852
T.A.F.	..	..	..	..	..	5,272
Purified Formol Toxoid				..	..	2,090
Gamma Globulin (Measles)				..	..	132

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

Thirteen licences were issued to pasteurisers on the 1st January, 1957. During the year one establishment ceased to be used for pasteurisation purposes and the licence was surrendered. The remaining twelve licences were renewed at the end of the year.

The County Health Inspector made 150 inspections at pasteurising establishments and submitted 181 samples for examination.

The results are summarised below :—

<i>Grade of Milk</i>	<i>Satisfactory</i>		<i>Unsatisfactory</i>		<i>Total Number of samples submitted</i>
	<i>M.B.</i>	<i>Phos.</i>	<i>M.B.</i>	<i>Phos.</i>	
Tuberculin Tested (Pasteurised)	49	63	—	2	65
Pasteurised 	91	116	—	—	116

Note—(a) M.B.—Methylene Blue Test ; Phos.—Phosphatase Test.

(b) Fourteen samples of Tuberculin Tested (Pasteurised) milk and twenty-five samples of Pasteurised Milk were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 65°F. at the time of testing.

There were two Phosphatase Test failures from the samples submitted, both from the same dairy, operating a holder-type plant. In each case it seemed clear that lack of supervision in the dairy was largely responsible for the carelessness which caused the failures.

Forty-nine samples were examined for the presence of chlorates (a quarterly examination), and none were detected in any of the samples.

The following is a list of the Pasteurising Establishments for which licences were issued for 1957 :—

<i>Name</i>	<i>Address of Establishment</i>
Beswick, W.	South Street Dairy, Draycott.
Haspel, C. A.	Church Farm, Ockbrook.
(Ceased to operate in April, 1957)	
Gisborne Dairy, Ltd.	Manchester Road, Chapel-en-le-Frith.
Hives, The Hon. J. W.	The Bendalls, Milton
Hutchings, Messrs. S., & Sons	175 Derby Road, Long Eaton.
Ilkeston Co-op. Society, Ltd.	Oakwell Dairy, Derby Road, Ilkeston
Long Eaton Co-op. Society, Ltd.	Meadow Lane, Long Eaton.
Longden, A. V.	27 Hardwick Square, Buxton.
Morten, Messrs. R. B. & Son	The Creamery, Green Lane, Buxton.
Pleasley Co-op. Society, Ltd.	Pleasley, Mansfield.
Ripley Co-op. Society, Ltd.	Nottingham Road, Ripley.
Wheldon, F.	94 Breedon Street, Long Eaton.
Wilts. United Dairies, Ltd.	Egginton Junction, Derby.

Specified Areas.

Under the Food and Drugs Act, 1955, sales of milk in a specified area are restricted to "Tuberculin Tested", "Pasteurised", and "Sterilised" grades of milk.

The Districts in the County already specified are as follows :—

	<i>Date of operation</i>
The Borough of Ilkeston.	1st November, 1952.
The Urban District of Long Eaton.	
The Parishes of Sandiacre and Stanton-by-Dale in Shardlow Rural District.	
The Borough of Chesterfield.	1st January, 1954.
The Urban Districts of Bolsover, Clay Cross, Dronfield, Matlock, Staveley and Wirksworth.	
The Rural Districts of Blackwell and Chesterfield.	
The Urban District of Swadlincote.	1st October, 1954.
The Rural District of Shardlow (excluding the Parishes of Sandiacre and Stanton-by-Dale, already specified).	
The Parishes of Catton, Castle Gresley, Cauldwell, Coton-in-the-Elms, Drakelow, Linton, Lullington, Netherseal, Overseal, Rosliston and Walton-upon-Trent, all in Repton Rural District.	6th December, 1955.
The Urban Districts of New Mills and Whaley Bridge.	1st October, 1956.

It is estimated that out of a County population of 717,900 some 456,500 persons are now covered by these specified areas or very nearly two-thirds. The corresponding geographical area covered is approximately one-third, i.e. about 220,000 acres of a total area of 635,456 acres.

Dairy Water Supplies.

Three dairies use water from their own sources. Two have chlorination plants installed and the other uses the water for cleansing only. Eight samples were taken during the year, all but one being satisfactory.

SEWERAGE AND SEWAGE DISPOSAL

Rural Water Supplies and Sewerage Acts, 1944 and 1955.

No schemes have been considered by the Rural Water Supplies and Sewerage Acts Sub-Committee during the year.

MIDWIVES ACTS, 1936 - 1951

The Midwives Acts are administered by the County Council as the Supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield.

Number of Midwives.—At the end of 1957 there were 194 Midwives on the County Roll—seven were Midwives in independent practice; six were Midwives working in private Nursing Homes; eighty were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; and seventy-two were County Midwives and twenty-nine were County Home Nurse/Midwives.

Records Received.—The following Table gives the records received, with corresponding figures for previous years:—

TABLE VII.

	1952	1953	1954	1955	1956	1957
Records received:—						
Medical Help	510	506	432	433	411	352
Stillbirths	115	92	135	119	118	129
Deaths of Children	79	55	56	68	54	71
Death of Mothers	3	1	4	1	2	1
Laying out the dead	14	13	17	13	27	15
Liability to be a source of infection	91	67	66	30	44	46
Notification of Artificial Feeding (within 14 days)	403	427	474	610	623	741
Puerperal Pyrexia—Midwives' Cases	17	18	22	15	10	13
Ophthalmia Neonatorum— all cases	3	4	3	6	4	5

It will be observed from the above Table that there has been an increasing number of notifications of artificial feeding. In this connection your attention is drawn to a statement by Sir Truby King, the great New Zealand doctor who did so much to influence world opinion on the standards of child care: "The most loving act a mother can do is to nurse her child".

PUERPERAL PYREXIA

The Puerperal Pyrexia Regulations, 1951, require Puerperal Pyrexia to be regarded as a notifiable disease but with slight modifications, which include a revised definition of the condition. In effect the Regulations apply Sections 144, 145 and 146 of the Public Health Act, 1936, to Puerperal Pyrexia, and at the same time amend Section 144. This means that Puerperal Pyrexia is now defined as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days after child birth or miscarriage".

The following Table shows the total number of cases of Puerperal Pyrexia notified to me over the past ten years and the case rate from this condition per 1,000 births.

TABLE VIII.

<i>Year</i>	<i>No. of cases of Puerperal Pyrexia</i>	<i>No. of Live Births and Still Births in Whole County</i>	<i>Case rate per 1,000 Births</i>
1948 ..	33	12,452	2.65
1949 ..	28	11,852	2.36
1950 ..	24	11,295	2.12
1951 ..	21	10,846	1.94
1952 ..	36	10,623	3.39
1953 ..	54	11,272	4.79
1954 ..	44	10,391	4.23
1955 ..	23	10,351	2.22
1956 ..	25	11,021	2.27
1957 ..	21	11,721	1.79

MATERNAL MORTALITY

The maternal mortality rate for the whole County for the year 1957 was 0.51 per thousand live and still births. The following Table gives the maternal mortality rate in the County since 1938. (The figures up to and including the year 1947 exclude the Borough of Chesterfield).

TABLE IX.

<i>Year</i>	<i>Rate</i>	<i>Year</i>	<i>Rate</i>
1938	3.65	1948	0.72
1939	2.15	1949	1.01
1940	2.47	1950	1.44
1941	2.57	1951	1.028
1942	2.43	1952	0.749
1943	2.20	1953	0.55
1944	1.32	1954	0.75
1945	1.42	1955	0.38
1946	1.37	1956	0.62
1947	1.11	1957	0.51

The Registrar-General makes available to local authorities annual statistics showing the number of deaths occurring in the County under various headings. Up to 1950 two of these headings were entitled "Puerperal and Post-Abortion Sepsis" and "Other Maternal Causes" respectively. These statistics were used to estimate the maternal mortality rate per thousand live and still births, the figure in 1949 being 1.01 per thousand. From 1950 deaths under the above headings have not been categorised in the Registrar's returns, but have been replaced by a single item entitled "Pregnancy, Childbirth, Abortion". For this reason the figures for 1950 and subsequently are not strictly comparable with the Maternal Mortality rates in earlier years.

OPHTHALMIA NEONATORUM

The incidence of Ophthalmia Neonatorum during the year 1957 and the results of treatment are set out in the following Table :—

TABLE X.

<i>Notified</i>	<i>Cases Treated</i>		<i>Vision Un-Impaired</i>	<i>Vision Impaired</i>	<i>Total Blindness</i>	<i>No. of Deaths</i>
	<i>At Home</i>	<i>In Hospital</i>				
5	5	—	5	—	—	—

The number of cases and the results of treatment over the past twenty years, are expressed below in tabular form.

TABLE XI.

<i>Year</i>	<i>No. of Cases</i>	<i>Vision Unimpaired</i>	<i>Vision Impaired</i>	<i>Total Blindness</i>	<i>No. of Deaths</i>
1938	29	24	1	—	4
1939	26	23	—	—	3
1940	17	17	—	—	—
1941	24	23	—	—	1
1942	29	29	—	—	—
1943	31	29	1	—	1
1944	23	22	—	—	1
1945	21	21	—	—	—
1946	14	13	—	—	1
1947	10	10	—	—	—
1948	6	6	—	—	—
1949	*7	6	—	—	—
1950	7	7	—	—	—
1951	7	7	—	—	—
1952	3	3	—	—	—
1953	4	4	—	—	—
1954	3	3	—	—	—
1955	6	6	—	—	—
1956	4	4	—	—	—
1957	5	5	—	—	—

* Note—One case transferred out of area.

REGISTRATION OF NURSING HOMES

The County Council acts as the Authority for the Registration of Nursing Homes under Sections 187 to 194 of the Public Health Act, 1936, for the whole of the Administrative County except the Boroughs of Chesterfield, Glossop and Ilkeston, the duties having been delegated to the Corporations of these Boroughs by the County Council under Section 194 of the same Act. Following a report after an inspection by a Medical Officer on the staff of the Health Department, consideration is given by the Weights and Measures and Miscellaneous Services Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1957, regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below :—

<i>Name and Address of Nursing Home</i>	<i>Accommodation approved</i>
Portland Nursing Home, "Craiglands," The Park, Buxton	15 Medical Cases.
Lone Oak Nursing Home, Church Side, Hasland.. .. .	1 Maternity Case.
Derby House Nursing Home, Broad Walk, Buxton	28 Medical Cases.
Ednaston Lodge, St. Mary's Nursing Home, Ednaston	20 Medical and Surgical Cases.
Dalton House, Broad Walk, Buxton ..	16 Medical Cases.
Borrowash House, Borrowash, Derby..	17 Unmarried Mothers.

Lone Oak Nursing Home was closed on 15th February, 1958.

Dalton House Nursing Home was closed on 10th May, 1958.

TUBERCULOSIS SCHEME

Statistics relating to new cases and deaths from the disease.

The Public Health (Tuberculosis) Regulations, 1952, require that, "Every medical practitioner who forms the opinion from evidence other than evidence derived solely from tuberculin tests that a person is suffering from tuberculosis shall, as soon as he forms that opinion, send to the Medical Officer of Health of the District in which the person is living at the time a certificate in the form set out in the first schedule to these regulations". A copy of every notification made under the Regulations must be sent to the County Medical Officer as prescribed by the Tenth Schedule of the National Health Service Act, 1946, as amended by the Schedule to the National Health Service Act, 1949.

This is the first administrative step in the chain of events which includes the treatment of the patient, the provision of Care and After Care, the prevention of the spread of the disease to others, and the

investigation of contacts. These events involve the General Practitioners' Service, the Hospital and Specialist Services, and the Local Authorities, which in Administrative Counties are the Sanitary Authorities as well as the County Councils.

The Ministry of Health have requested that the annual return of primary notifications and new cases coming to the knowledge of the County Medical Officer otherwise than by notification should be rendered in two parts, as follows :—

- (1) Those parts of the County in the North Western Region which comprise the administrative areas of Buxton M.B., Glossop M.B., New Mills U.D., Whaley Bridge U.D. and Chapel-en-le-Frith R.D.
- (2) The remainder of the Administrative County.

Table XII which follows, gives the relevant figures for the past ten years, showing the Respiratory and Non-Respiratory categories as well as males and females separately. It has not been possible however to divide them throughout this period into the two Hospital Regions as the Ministry of Health requested records to be kept in this way only from 1950. Table XIII, however, which deals only with the year under review, is given in two parts, and shows the North West of the County separately.

TABLE XII.

SUMMARY OF NEW CASES REPORTED FROM 1948 UNTIL
1957 INCLUSIVE

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
<i>Respiratory</i>										
Males ..	251	295	246	294	276	253	238	204	195	212
Females ..	157	196	180	170	212	169	153	110	126	119
Total ..	408	491	426	464	488	422	391	314	321	331
<i>Non-Respiratory</i>										
Males ..	55	52	49	36	32	23	30	34	23	25
Females ..	50	49	39	47	49	34	32	34	28	31
Total ..	105	101	88	83	81	57	62	68	51	56
Total Pul. and Non-Pul. ..	513	592	514	547	569	479	453	382	372	387

The number of new cases of tuberculosis reported shows a welcome reduction as compared with a few years ago, but some fluctuation must be expected from time to time. Considerable efforts are made to trace possible sources of infection, including the exami-

nation of contacts, which, no doubt, bring to light cases which would not otherwise be discovered until an advanced stage of the disease has been reached.

Whilst it is pleasing to report that there is a decrease in the number of pulmonary cases occurring amongst young adults, it is unfortunate that there is a tendency for the numbers to increase among the elderly age groups who are males, a state of affairs which has been commented on from time to time by Chest Physicians.

TABLE XIII.

New cases of tuberculosis during 1957 either "notified" or coming to the knowledge of the Authority by other means, e.g., death returns from Local Registrars or the Registrar General.

<i>Age Groups</i> ..	0	1	2	5	10	15	20	25	35	45	55	65	75	<i>Total All Ages</i>
<i>Respiratory—</i>														
Males ..	1	—	5	6	6	14	16	33	30	32	32	31	6	212
Females ..	1	1	1	7	5	13	20	23	25	13	5	3	2	119
<i>Non-respiratory—</i>														
Males ..	—	—	2	2	7	5	2	—	3	2	—	2	—	25
Females ..	—	1	1	3	—	1	4	5	7	7	—	1	1	31
Total ..	2	2	9	18	18	33	42	61	65	54	37	37	9	387

The above figures are for the whole of the Administrative County and include the numbers of cases reported in the area of the Manchester Regional Hospital Board in Derbyshire, which, however, are shown separately below.

<i>Age Groups</i> ..	0	1	2	5	10	15	20	25	35	45	55	65	75	<i>Total All Ages</i>
<i>Respiratory—</i>														
Males ..	—	—	—	—	2	—	2	3	2	2	1	1	—	13
Females ..	—	—	—	1	1	—	2	—	1	1	1	—	—	7
<i>Non-Respiratory—</i>														
Males ..	—	—	—	—	1	1	—	—	—	1	—	—	—	3
Females ..	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Total ..	—	—	—	1	4	1	4	3	3	5	2	1	—	24

Details of the clinical types of cases reported are shown in the following Table :—

TABLE XIV.

Pulmonary	..	..	..	..	..	331
Non-pulmonary :—						
Glands	..	..	..	..	..	25
Meningitis		..	..	..	..	6
Bones and Joints			..	..	..	4
Abdominal	..	..	..	..	..	4
Genito-Urinary	..	..	..	..	..	7
Lupus	..	..	..	..	..	1
Other forms		..	..	..	..	9
						<hr/>
					Total	.. .. 387
						<hr/>

DEATHS FROM TUBERCULOSIS

The fall in the number of deaths from all forms of tuberculosis has been much more rapid than the fall in the new notifications of the disease. This has occurred throughout the country.

Table XV shows the remarkable reduction that has taken place since 1950. Many factors have played a part in bringing about this satisfactory state of affairs, such as the higher standard of living and hygiene, and the earlier detection of the disease than was the case years ago, combined with improved methods of treatment.

It is very gratifying to see that as a result of the great efforts which have been made by those actively engaged over many years in the campaign against the disease and the large sums of money that have been spent by voluntary bodies, Local Authorities and the Central Government, that tuberculosis is not now the killing disease it was in the early years of the present century, and if these efforts are maintained there is reason to hope that the disease will be largely eliminated from the country.

There is no doubt that the present generation is benefiting by the great work of the early pioneers in the public health field, who strove to bring into being such measures as pure and wholesome water and food supplies, and the water carriage system of sewage disposal, which are now taken for granted.

TABLE XV.

	1950	1951	1952	1953	1954	1955	1956	1957
Respiratory ..	154	119	110	113	80	74	51	51
Non-respiratory	18	23	12	12	12	10	6	5
	<hr/> 172	<hr/> 142	<hr/> 122	<hr/> 125	<hr/> 92	<hr/> 84	<hr/> 57	<hr/> 56

The death rates per thousand of the population are as follows :—

	1950	1951	1952	1953	1954	1955	1956	1957
Respiratory	0.22	0.17	0.16	0.16	0.11	0.11	0.08	0.07
Non-respiratory	0.03	0.03	0.02	0.02	0.02	0.02	0.01	0.01
	<hr/> 0.25	<hr/> 0.20	<hr/> 0.18	<hr/> 0.18	<hr/> 0.13	<hr/> 0.13	<hr/> 0.09	<hr/> 0.08

The provisional figure for England and Wales supplied by the Registrar-General for 1957 is 0.11 deaths per thousand of the home population.

The Table below shows the notifications and deaths in Derbyshire for the last ten years.

TABLE XVI.

<i>Year</i>	<i>New Cases</i>	<i>Deaths</i>	<i>Year</i>	<i>New Cases</i>	<i>Deaths</i>
1948 ..	513	243	1953 ..	479	125
1949 ..	592	205	1954 ..	453	92
1950 ..	514	172	1955 ..	382	84
1951 ..	547	142	1956 ..	372	57
1952 ..	569	122	1957 ..	387	56

NATIONAL HEALTH SERVICE ACT, 1946
CARE OF MOTHERS AND YOUNG CHILDREN
(Section 22)

ANTE-NATAL SCHEME

Ante-Natal Clinics.

During 1957 Hackenthorpe Ante-Natal Clinic was opened, making a total of twenty-four ante-natal clinics maintained by the Authority: seven in Municipal Boroughs, twelve in Urban Districts and five in Rural Districts. Twenty-three of the Clinics are conducted by the County Council's Maternal and Child Welfare Medical Officers, and the remaining one by a Consultant Obstetrician provided by the Regional Hospital Board. A Health Visitor is in attendance at each Clinic, as well as one or more of the Authority's Domiciliary Midwives. No clinics are conducted under the Authority's arrangements by General Practitioners on their own premises. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as serum tests for Syphilis, may be performed. All these facilities are available to both married and unmarried mothers.

Details of the Ante-natal Clinics are set out below :—

ALFRETON	..	County Clinic, Grange Street, Alfreton. Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
ASHBOURNE	..	Victoria Memorial Hospital, Buxton Road, Ashbourne. Each Thursday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
BELPER	..	County Clinic, The Cedars, Field Lane, Belper. 1st and 3rd Mondays, 9 a.m. to 12.30 p.m.
BOLSOVER	..	County Clinic, Welbeck Road, Bolsover. Each Friday, 1.30 p.m. to 4 p.m.
BUXTON	..	Child Welfare Centre, Bridge Street, Buxton. 1st and 3rd Tuesdays, 9 a.m. to 12.30 p.m.
CHESTERFIELD		Derbyshire County Council Ante-Natal Clinic, Scarsdale Hospital, Chesterfield. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
CLAY CROSS	..	County Clinic, High Street, Clay Cross. Each Friday, 9 a.m. to 12.30 p.m.
CLOWNE	..	County Clinic, Creswell Road, Clowne. Each Wednesday, 9 a.m. to 12.30 p.m. and 2nd, 4th and 5th Thursdays, 9 a.m. to 12.30 p.m.
DERBY	..	County Clinic, County Offices Yard, Derby. Each Tuesday, 9 a.m. to 12.30 p.m.
DRONFIELD	..	County Clinic, The Grange, Dronfield. 2nd and 4th Mondays, 9 a.m. to 12.30 p.m.
ECKINGTON	..	Wesleyan School, Eckington. 1st, 3rd and 5th Thursdays, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
FRECHEVILLE	..	County Clinic, Fox Lane, Frecheville. 1st, 3rd and 5th Mondays, 9 a.m. to 12.30 p.m., and 1.30 p.m. to 4 p.m.
GLOSSOP	..	Municipal Buildings, Glossop. 2nd and 4th Mondays, 9 a.m. to 12.30 p.m.,
HACKENTHORPE		County Clinic, Main Road, Hackenthorpe. 2nd, 4th and 5th Thursdays, 1.30 p.m. to 4 p.m.
HEANOR	..	County Clinic, Wilmot Street, Heanor. 1st and 3rd Wednesdays, 1.30 p.m. to 4 p.m.
ILKESTON	..	County Clinic, Albert Street, Ilkeston. 2nd and 4th Monday, 2 p.m. to 4 p.m. and each Thursday, 9 a.m. to 12.30 p.m.

LONG EATON ..	County Clinic, 4 Nottingham Road, Long Eaton. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
MATLOCK ..	County Clinic, Dean Hill House, Causeway Lane, Matlock. 1st and 3rd Thursdays, 9 a.m. to 12.30 p.m.
RIPLEY ..	Cottage Hospital, Ripley. 2nd and 4th Fridays, 1.30 p.m. to 4 p.m.
SHIREBROOK ..	County Clinic, Cliff House, Church Drive, Shirebrook. Each Monday, 9 a.m. to 12.30 p.m.
STAVELEY ..	County Clinic, Lime Avenue, Staveley. 2nd and 4th Thursdays, 9 a.m. to 12.30 p.m., and 1.30 p.m. to 4 p.m.
SWADLINCOTE	County Clinic, Alexandra Road, Swadlincote. 2nd and 4th Tuesdays, 9 a.m. to 12.30 p.m.

The following are the number of sessions and attendances at these Clinics during 1957 :—

Half-day Sessions	1,283
Number of New Cases	3,349
Total number of attendances	13,347
Post-Natal visits	609

Routine X-Ray Examinations of Patients attending Ante-Natal Clinics.

During 1953, arrangements were made with Nottingham No. 2 Hospital Management Committee by which patients attending Ilkeston Ante-Natal Clinic could be x-rayed at Ilkeston General Hospital.

In November, 1954, a circular letter was received from Sheffield Regional Hospital Board which set out arrangements by which patients in other parts of the County, within the area of the Board, could be x-rayed. During 1955, with the co-operation of the other Regional Hospital Boards and Hospital Management Committees concerned, these facilities have been extended to all expectant mothers in the County, who may now avail themselves of a routine chest x-ray during pregnancy, at the Mass Miniature Radiography Centre or Camera Unit most convenient to the Ante-Natal Clinic which they attend.

Special ante-natal sessions are held at all the centres, appointments being made at the Chest Centre through the Maternal and Child Welfare Medical Officer in charge of the Ante-Natal Clinic.

Ante-Natal Care related to Toxaemia.

All Medical Officers conducting ante-natal clinics have received a copy of the Memorandum on ante-natal care related to Toxaemia and every effort has been made to implement the suggestions made in this Memorandum.

Supervision.—The importance of regular ante-natal care is impressed on all patients attending the ante-natal clinics. They are asked to attend every month up to the 30th week, every fortnight from 30th-36th week and every week, where possible, from the 36th-40th week. It is, however, difficult to evolve a “pattern of supervision” as many patients transfer to hospital ante-natal care if and when their application for a hospital bed is accepted.

Examination.—A routine medical examination is carried out at the patient's first visit to the Clinic. Arrangements have been made with the Hospital Management Committee for chest x-ray examination of patients attending ante-natal clinics. Any abnormalities detected at these preliminary examinations are referred to the patient's General Practitioner or, with his approval, to the appropriate hospital consultant. The blood pressure is recorded, the patient weighed and the urine tested at all subsequent visits. Midwives are asked to visit any patient requiring close observation during the interval between their attendances at the clinic.

Blood Testing.—All Medical Officers have been supplied with Sahli Haemoglobinometers so that haemoglobin estimations may be made. Ferrous sulphate tablets are supplied at the clinic. Patients not responding to this form of iron are referred to their own doctor for alternative treatment. A sample of blood is taken from all patients whose blood group has not already been typed. These samples are sent to the Sheffield Regional Blood Transfusion Service who report on the blood group, Rh factor and Kahn test in each case. Tests for antibodies are also carried out at 32nd-34th weeks on all Rh negative patients when requested by the Regional Blood Transfusion Service.

Ante-Natal Records.—Each patient attending the clinic receives a card on which is recorded a copy of the findings at each examination. The patient keeps this card in an envelope together with her appointment card and particulars of her blood group. She is instructed to bring this envelope with her when attending for ante-natal examination whether at the General Practitioner's surgery or at hospital.

Follow-up of Failures.—Cases who fail to attend the ante-natal clinic on the appointed day are followed up either by letter or by the domiciliary midwife. It is not possible to evolve a water-tight system as the local authority are not informed when patients are transferred to hospital for ante-natal care or are admitted to hospital or a maternity home for their confinement.

Health Education.—Each ante-natal clinic is staffed by a doctor, a health visitor and a midwife. The health visitor speaks to the patients either singly or to groups while the midwife is in attendance on the doctor. Arrangements are in hand for midwives to attend a Mothercraft and Relaxation Course and it is hoped to commence Mothercraft and Relaxation classes run by the Midwives and health visitors in the near future.

Arrangements for selecting women whose confinement in Hospital is recommended on medical or social grounds.

The provision of Hospital accommodation for maternity cases is the responsibility of Regional Hospital Boards. To facilitate the administrative arrangements concerning the large number of patients desiring hospital or maternity home accommodation, Bed Bureaux

have been set up at Chesterfield and Derby by the Sheffield Regional Hospital Board. Forms of application for admission are available at the Authority's ante-natal clinics, and these are passed to the respective Bed Bureaux.

Where admission to a hospital bed is recommended on medical grounds, this is sufficient to ensure invariably that a bed is made available, providing arrangements are not left until the last moment. In most cases, however, applications are based on social need, and such cases are referred to this authority for a report on the home circumstances. In the light of that report, which is made after a visit to the patient's home by one of the Health Visitors, a recommendation is made as to the necessity for a Hospital or Maternity Home bed.

In practice the scheme has worked smoothly and no changes are envisaged at the present time.

The following is an analysis of cases visited by Health Visitors for a report on the home circumstances :—

DERBY BED BUREAU

Suitable for home confinement	35
Hospital accommodation desirable but not essential	98
Home conditions unsuitable and hospital confinement necessary ..	305
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	30

CHESTERFIELD BED BUREAU

Suitable for home confinement	47
Hospital accommodation desirable but not essential	202
Home conditions unsuitable and hospital confinement necessary ..	662
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	18

OTHER HOSPITALS OUTSIDE THE AREAS OF THE DERBY AND CHESTERFIELD BED BUREAUX

Suitable for home confinement	6
Hospital accommodation desirable but not essential	78
Home conditions unsuitable and hospital confinement necessary ..	142
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	12

CHILD WELFARE CENTRES

During 1957 three new Infant Welfare Centres were opened in the County at Hackenthorne, Kirk Hallam and Renishaw, and one in Chesterfield Borough, bringing the total to ninety-two.

The number of sessions and attendances at the County Council Infant Welfare Centres during 1957 are set out below :—

Half-day sessions	4,197
Number of new cases under one year of age	6,936
Number of children who attended during the year and who were born in :—	
1957	6,508
1956	5,256
1955-52	4,385
Total number of children who attended during the year	16,149

Number of attendances made by children who, at the date of attendance, were :—

Under one year	..	..	..	..	86,967
One but under two	..	..	..	..	19,000
Two but under five	..	..	..	..	11,510
Total attendances during the year	..	..	..	..	117,477

CARE OF PREMATURE INFANTS

(i.e., Babies weighing $5\frac{1}{2}$ lbs. or less at birth).

Local Health Authorities are required by the Ministry of Health to provide statistics about premature babies. Since the inception of the National Health Service information has been obtained from hospitals regarding premature births and the survival of premature infants in hospitals, and from Local Health Authorities in respect of births at home or in Private Nursing Homes, together with information from both sources in respect of infants admitted to hospital after birth elsewhere. It was found by the Ministry of Health that this dual source of information gave rise to considerable inaccuracies and discrepancies in the returns, and as a consequence it was considered appropriate for the Local Health Authority, as the Authority ultimately responsible for the care of all infants in its area, whether born at home or in hospital, to assume responsibility for the collection and transmission of information in respect of all premature infants. Accordingly, from the beginning of 1953, the statistics provided by the Local Health Authority relate to hospital births as well as domiciliary and nursing home births, thus constituting a complete record of the occurrence of each premature birth (live and still) and of the survival of premature infants in the area of the Local Health Authority.

Statistics for the year 1957 are set out below :—

Number of premature live births notified (as adjusted by transfer notifications) :—

(a) In Hospital	..	..	..	..	576
(b) At Home	..	..	..	..	240
(c) In private Nursing Homes	..	..	..	..	41
Total	..	..	..	..	857

Number of premature stillbirths notified (as adjusted by transfer notifications) :—

(a) In Hospital	..	..	..	..	114
(b) At Home	..	..	..	..	26
(c) In private Nursing Homes	..	..	..	..	8
Total	..	..	..	..	148

Of the 576 premature live births who were born in hospital sixty-one died within twenty-four hours of birth and 485 survived twenty-eight days.

Of the 240 born at home, forty-nine were transferred to hospital on or before the twenty-eighth day, and of the remainder ten died within twenty-four hours of birth and 177 survived twenty-eight days.

Of the forty-one born in Private Nursing Homes thirty-six survived twenty-eight days and four died within twenty-four hours.

The Council's Home Help Scheme is available for premature infants, provided the need is certified by the Doctor attending the case.

The Council has agreed to the provision of certain equipment for the domiciliary nursing of premature infants. No charge will be made for the loan of the equipment but if it is damaged, other than that which can be accounted for by fair wear and tear, the actual cost of repair or replacement will have to be paid.

The equipment will be issued in units and each unit will comprise the following articles :—

1. One Cot Set consisting of (a) One Cot, (b) Two Cot Ends, (c) Four Rails, (d) Four Lining Rods, (e) One Tray, (f) One Box, (g) One Key.
2. Two Cot Linings.
3. One Cot Mattress.
4. Four Cot Blankets.
5. One Feeding Bottle.
6. One Mucus Catheter.
7. Two Hot Water Bottles.
8. One Hot Water Bottle Cover.
9. One Mackintosh Sheet.
10. One Thermometer.
11. One set of Premature Infant Clothing comprising (a) Two Vests, (b) One Gown without hood, (c) Two Gowns with hood.

In the event of a Unit being required for a patient under the care of a doctor or midwife, the following should be approached as appropriate :—

Northern part of the County excluding the Borough of Chesterfield.
Telephone Nos.

Miss M. Blackbird, Supervisor of Midwives, County Clinic, Brimington Road, Chesterfield.	Day—Chesterfield 2773. Night—Chesterfield 6288.
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Southern part of the County.

Miss M. C. Jackson, Supervisor of Midwives, County Offices, Matlock.	Day—Matlock 3411 Ext. 241. Night—Duffield 2101.
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Chesterfield Borough only.

Mrs. S. M. Street, Supervisor of Midwives, Town Hall, Chesterfield.	Day—Chesterfield 3232, Ext. 256. Night—Ashover 284.
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Supply of Extra Vitamins, etc.

The County Council has for many years supplied certain proprietary preparations at Infant Welfare Centres and Ante-Natal Clinics at cost price. At Ante-Natal Clinics simple preparations of iron in tablet form (Tab. Ferri Sulphatis Co.) and also of calcium with vitamins (Tab. Calciferol Co.) are prescribed by the Clinic Medical Officers in suitable cases.

The list of preparations sold at Infant Welfare Centres which was published in my Annual Report for 1955 was re-considered at a meeting of the Department's Medical Officers held at Clowne Clinic in October, 1956, when particular attention was given to the possibility that excessive Vitamin D may be responsible for otherwise unexplained illness in babies. It is now thought that hypercalcaemia may be related to the excessive intake of Vitamin D. Some dried milks as well as some cereals are fortified, and if a baby takes Cod Liver Oil he may well be receiving something like 2,000 international units instead of the originally recommended 600 to 700. There are children who appear to be sensitive to Vitamin D and react unfavourably to this increased dosage.

As a result of the discussions between the Medical Staff it was agreed that Cod Liver Oil Emulsion be deleted from the approved list and that Lactogal be added. The revised list is now as follows :—

Viol.

Maltoline with Iron.

Colact.

Rose Hip Syrup.

Adexolin in Liquid Form.

Lactogal.

WELFARE FOODS SERVICE

The uptake of welfare foods during 1957 was affected by two major changes. The Welfare Foods (Great Britain) Amendment Order, 1957 which came into operation on the 21st March, 1957, increased the price of National Dried Milk from 10½d. to 2/4d. per tin. This change, which devalued the milk tokens from 3/1½d. to 1/8d., was received with disappointment by the majority of beneficiaries, and the immediate result was a fall in the number of issues by about 20%, particularly on supplementary tokens. Since April there has been a slight but steady decline in sales of National Dried Milk against coupons, the issues for December, 1957, being 17,635 while those for December, 1956 were 24,922. It was also noted that more people preferred to pay the full price of 4/- per tin for National Dried Milk and to use their tokens for liquid milk.

The second change, following the recommendation contained in the Report of the Joint Sub-Committee on Welfare Foods that the supply of orange juice be restricted to children under two years of age, came into effect on 1st November. As tokens already issued to children over two years of age were to be honoured, the full effect of this change will be not apparent for some time although a fall in issues was noted during December.

It became evident also during the last two months of the year that the restriction of orange juice to children under two had affected the uptake of cod liver oil. Although cod liver oil is still available free of cost to all children up to the age of five years it seems likely that many people who would have collected orange juice and cod liver oil for their children will not trouble to collect cod liver oil only. In addition it is probable that various items in the press referring to excessive intake of vitamin D and its possible relation to hypercalcaemia may also have reduced uptake of cod liver oil. The supply of Vitamin A and D Tablets to expectant and nursing mothers was continued and issues remained at approximately the same level.

The following figures show the issues of all welfare foods in the County area during the year ended 31st December, 1957 :—

	<i>National Dried Milk</i>	<i>Cod Liver Oil</i>	<i>Vitamin A. & D. Tablets</i>	<i>Orange Juice</i>
Issued against coupons—				
(a) By stamps	272,925	—	—	432,042
(b) Free	4,969	64,401	33,532	4,119
Issued to—				
N.H.S. Hospitals ..	1,320	3	—	1,298
Day Nurseries	67	578	—	1,512
Issued at full price ..	2,726	—	—	—
Totals ..	282,007	64,982	33,532	438,971

Five new distribution points were opened at Hackenthorpe, Renishaw, Kirk Hallam, Riddings, and Sudbury, the first four being at Infant Welfare Centres. Distribution at Wirksworth was transferred from the Town Hall to the Infant Welfare Centre at the Parish Hall. The voluntary centre at Woodville, which was at a shop, had to be discontinued when the business changed hands, the new owner being unwilling to continue the distribution. With this exception all existing centres continued to function.

Details of the distribution centres are set out as follows :—

ALFRETON URBAN DISTRICT

4 Church Street, Alfreton	Monday and Tuesday, 10 a.m. to 12.45 p.m. 2 p.m. to 5 p.m. Thursday, 10 a.m. to 12.30 p.m. Friday, 9.30 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon. 4th Friday, 3.30 p.m. to 4.30 p.m.
Mission Room, Ironville	
Congregational Church Schoolroom, Riddings	2nd and 4th Mondays, 2 p.m. to 4 p.m.
Social Service Centre, Swanwick ..	4th Thursday, 2 p.m. to 4 p.m.

ASHBOURNE URBAN DISTRICT

4 Town Hall Yard, Ashbourne	Tuesday and Thursday, 9.15 a.m. to 12.45 p.m. 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon. Wednesday, 2 p.m. to 4 p.m.
Clinic, St. John Street, Ashbourne	

ASHBOURNE RURAL DISTRICT

Rose Bank, Kirk Ireton	Any time.
School House, Kniveton	Any time.
Post Office, Yeaveley	Shop hours.

BAKEWELL URBAN DISTRICT

Town Hall, Bakewell	Monday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m.
Clinic, Town Hall, Bakewell	2nd and 4th Wednesdays, 1.30 p.m. to 4 p.m.

BAKEWELL RURAL DISTRICT

Abney House, Baslow	1st Wednesday, 2 p.m. to 4 p.m.
Clinic, Memorial Hall, Bradwell ..	1st and 3rd Tuesdays, 2 p.m. to 4 p.m.
Calver Chapel, Calver	1st Wednesday, 3 p.m. to 4 p.m.
Williams Deacons Bank, The Square, Eyam	2nd and 4th Thursdays, 1.30 p.m. to 3.30 p.m.
Kenwood House, Grindleford	1st and 3rd Thursdays, 1.30 p.m. to 3.30 p.m.
The Vicarage, Great Longstone ..	2nd and 4th Wednesdays, all day.
Lathkill Cottage, Over Haddon ..	Alternate Thursdays, 1.30 p.m. to 3.30 p.m.
Clinic, Methodist Chapel, Hather- sage	1st and 3rd Thursdays, 1.30 p.m. to 3.30 p.m.
St. John's Comfort Centre, Church Lane, Rowsley	Alternate Wednesdays, 2 p.m. to 4 p.m.
Clinic, Wesleyan Chapel School- room, Tideswell	2nd and 4th Tuesdays, 1.30 p.m. to 3.30 p.m.
Mr. J. Burton, Main Street, Winster	Shop hours.
Clinic, Village Hall, Youghreave ..	Alternate Tuesdays, 1.30 p.m. to 3.30 p.m.

BELPER URBAN DISTRICT

County Clinic, Field Lane, Belper ..	Monday, 9.15 a.m. to 12.30 p.m. Tuesday and Thursday, 9.15 a.m. to 12.45 p.m. 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon. Shop hours.
The Bridge Stores, Milford	

BELPER RURAL DISTRICT

Clinic, British Legion Club, Allestree	Tuesday, 2.30 p.m. to 4.30 p.m.
Clinic, Devonshire Street School- room, Ambergate	1st and 3rd Mondays, 2.30 p.m. to 4 p.m.
Tor Cafe, Crich	Shop hours.
Post Office Stores, Derby Road, Denby	Shop hours.
1 Milford Road, Duffield	Tuesday, 2.30 p.m. to 5 p.m.
Mr. D. Mackenzie, Holloway	Shop hours.
35 Highfield Road, Kilburn	Shop hours.
Main Road Stores, Smalley	Tuesday, 2 p.m. to 4 p.m.
Woodland View Cafe, Whatstandwell	Alternate Wednesdays, 2 p.m. to 4 p.m.

BOLSOVER URBAN DISTRICT

County Clinic, Welbeck Road,

Bolsover Monday and Thursday, 9.15 a.m. to 12 noon.
 Tuesday and Friday, 9.15 a.m. to 12.45 p.m.
 2 p.m. to 5 p.m.
 Saturday, 9 a.m. to 12 noon.

Clinic, Colliery Schools, New

Bolsover 2nd and 4th Thursdays, 2 p.m. to 4 p.m.

BLACKWELL RURAL DISTRICT

Jackson Memorial Hall, Doe Lea .. 1st and 3rd Tuesdays, 3 p.m. to 4.15 p.m.

Young Vanish Inn, Glapwell .. Alternate Tuesdays, 3.30 p.m. to 4.30 p.m.

St. John's Ambulance Hall, Langwith .. Monday, 2 p.m. to 3 p.m.

Mission Room, Langwith Junction .. Monday, 3.30 p.m. to 4.30 p.m.

Community Centre, Mickley .. 2nd and 4th Tuesdays, 2 p.m. to 4 p.m.

Clinic, Crompton Street Chapel,

New Houghton 1st and 3rd Thursdays, 2 p.m. to 4 p.m.

Clinic, Church Hall, Newton .. 2nd and 4th Thursdays, 2 p.m. to 4 p.m.

General Stores, Palterton Shop hours.

Slade Lane Chapel, Pinxton .. Tuesday, 2 p.m. to 4 p.m.

Cliff House, Church Drive, Shire-
 brook Wednesday, 10 a.m. to 12 noon, 2 p.m. to 4 p.m.

Bethel Methodist Chapel, South

Normanton Alternate Tuesdays, 2.30 p.m. to 4 p.m.

Horse and Groom Inn, Scarcliffe .. 1st and 3rd Tuesdays, 2 p.m. to 4 p.m.

Church Hall, Tibshelf 1st and 3rd Thursdays, 2 p.m. to 4 p.m.

BUXTON BOROUGH

18-20 High Street, Buxton Tuesday to Friday, 9.15 a.m. to 12.45 p.m.,
 2 p.m. to 5 p.m. (except Wednesday afternoons).
 Saturday, 9 a.m. to 12 noon.

Clinic, Child Welfare Centre,

Buxton Monday, 2 p.m. to 4 p.m.

CHAPEL-EN-LE-FRITH RURAL DISTRICT

Mr. A. F. Hancock, Bamford .. Shop hours.

Mr. W. M. Howe, Bamford .. Shop hours.

Mr. A. F. Hancock, Castleton .. Shop hours.

Schools Canteen, Eccles Road,

Chapel-en-le-Frith Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m.

Mr. J. Woodward, Marple Road,

Charlesworth Shop hours.

Clinic, Lower Lane, Chinley .. 1st and 3rd Mondays, 2 p.m. to 4 p.m.

Clinic, Methodist Schoolroom,

Hayfield 1st and 3rd Tuesdays, 2 p.m. to 4 p.m.

Mr. A. F. Hancock, Hope .. Shop hours.

CHESTERFIELD RURAL DISTRICT

Clinic, Women's Institute, Ashover 2nd and 4th Fridays, 2 p.m. to 3.45 p.m.

Clinic, Trinity Chapel Schoolroom,

Brimington Thursday, 2 p.m. to 4 p.m.

Clinic, Church Schoolroom, Beighton Alternate Mondays, 2 p.m. to 4 p.m.

Clinic, Congregational Chapel, Calow 2nd and 4th Mondays, 2 p.m. to 4 p.m.

Clinic, Memorial Chapel, Eckington Monday, 2 p.m. to 4 p.m.

Clinic, Fox Lane, Frecheville .. Friday, 2 p.m. to 4 p.m.

Clinic, Methodist Chapel, Grassmoor Alternate Wednesdays, 2.30 p.m. to 4 p.m.

Clinic, St. Peter's Church, Base-

green, Gleadless Wednesday, 2 p.m. to 4 p.m.

County Clinic, Hackenthorpe .. Wednesday, 2 p.m. to 4 p.m.

Clinic, Mission Church, Holmewood Alternate Wednesdays, 2 p.m. to 4 p.m.

Clinic, Village Hall, Holymoorside .. 4th Tuesday, 2 p.m. to 4 p.m.

Clinic, Bridge Street, Killamarsh .. Tuesday, 2 p.m. to 4 p.m.

Community Hut, Mosborough .. Alternate Mondays, 11 a.m. to 12 noon.

Clinic, Church Hall, Main Road,

New Tupton 2nd and 4th Fridays, 2 p.m. to 4 p.m.

Clinic, Miners' Welfare Institute, North Wingfield	1st, 3rd and 5th Thursdays, 2 p.m. to 4 p.m.
Clinic, Rupert Street, Pilsley	1st and 3rd Thursdays, 2.30 p.m. to 3.30 p.m.
Hospital Hall, Renishaw	1st and 3rd Wednesdays, 2 p.m. to 4 p.m.
Clinic, Zion Methodist Chapel, Stonebroom	Alternate Mondays, 3 p.m. to 4 p.m.
Clinic, Methodist Schoolroom, Unstone	3rd Tuesday, 2 p.m. to 4 p.m.

CHESTERFIELD BOROUGH

Divisional Welfare Office, Newbold Road, Chesterfield	Monday to Saturday, 9 a.m. to 12 noon.
Town Hall, Chesterfield	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 to 12 noon.
Clinic, Edmund Street, Whitting- ton Moor, Chesterfield	Monday and Wednesday, 2 p.m. to 4.30 p.m.
Clinic, Village Hall, Hasland Park, Chesterfield	Tuesday, 2 p.m. to 4 p.m.
Clinic, Jawbones Hill, Derby Road, Chesterfield	Monday, 2 p.m. to 4.30 p.m.
Clinic, Wellington Street, New Whittington, Chesterfield	Tuesday, 2 p.m. to 4.30 p.m.
Clinic, Gospel Mission, Old Road, Brampton	Thursday, 2 p.m. to 4 p.m.

CLOWNE RURAL DISTRICT

County Clinic, Creswell Road, Clowne	Tuesday, 2 p.m. to 4 p.m.
Methodist Chapel, Creswell	1st and 3rd Wednesdays, 2 p.m. to 3.45 p.m.
Clinic, Parish Hall, Whitwell	2nd and 4th Thursdays, 2 p.m. to 4 p.m.

CLAY CROSS URBAN DISTRICT

County Clinic, High Street, Clay Cross	Tuesday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Thursday and Saturday, 9 a.m. to 12 noon.
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DERBY BOROUGH

3 Bold Lane, Derby	Monday to Friday, 9.15 a.m. to 12.15 p.m. (excluding Wednesdays). Saturday, 9 a.m. to 12 noon.
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DRONFIELD URBAN DISTRICT

Clinic, The Grange, Dronfield	Monday, 2 p.m. to 4 p.m., also 2nd and 4th Monday, 9.30 a.m. to 12 noon.
76 Carr Lane, Dronfield Woodhouse	Alternate Tuesdays, 2 p.m. to 4 p.m.

GLOSSOP BOROUGH

Municipal Buildings, Glossop	Tuesday and Thursday, 9.15 a.m. to 12.45 p.m. 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
Clinic, c/o The Library, Hadfield ..	Alternate Wednesdays, 2.30 p.m. to 4 p.m.

HEANOR URBAN DISTRICT

County Clinic, Wilmot Street, Heanor	Monday and Friday, 9 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Wednesdays, 9 a.m. to 12.30 p.m.
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ILKESTON BOROUGH

County Clinic, Albert Street, Ilkeston	Monday to Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. (except Thursday afternoon and Wednesday all day). Saturday, 9 a.m. to 12 noon.
Clinic, Wesley Street, Schoolroom Cotmanhay	2nd and 4th Thursday, 2 p.m. to 4 p.m.
Old Church Hall, Kirk Hallam ..	Tuesday, 2 p.m. to 4 p.m.

LONG EATON URBAN DISTRICT

County Clinic, 4 Nottingham Road, Long Eaton	Monday and Wednesday, 9.15 a.m. to 12.15 p.m. Tuesday and Friday, 9.15 a.m. to 12.45 p.m. 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
St. Andrew's Church Hall, Tam- worth Road, New Sawley ..	Thursday, 2.30 p.m. to 4 p.m.

MATLOCK URBAN DISTRICT

County Clinic, Causeway Lane, Matlock	Tuesday, 9 a.m. to 12.30 p.m., Wednesday and Friday, 2 p.m. to 5 p.m.
Mrs. M. Prince, Ember Lane, Bonsall	Any time.
Mr. R. Carter, Chemist, Market Place, Cromford	Shop hours.
Sub Post Office, Darley Bridge ..	Daily 9 a.m. to 5 p.m. (except Thursday after- noons).
Sub Post Office, Dale Road North, Darley Dale	Shop hours, excluding Saturday.
Spa Medical Stores, Matlock Bath..	Tuesday, 9 a.m. to 6 p.m.
The Korna Stores, Tansley	Shop hours.
Sub Post Office, Wensley	Shop hours

NEW MILLS URBAN DISTRICT

County Clinic, High Lea Hall, New Mills	Thursday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m.
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REPTON RURAL DISTRICT

The Schools, Bretby	Alternate Wednesdays, 3 p.m. to 4 p.m.
General Stores, Linton Road, Castle Gresley	Shop hours.
Parish Room, Etwall	Wednesday, 2.30 p.m. to 4.30 p.m.
Avenue Stores, Gresley	Shop hours.
General Stores, Hartshorne	Shop hours.
Public Hall, Scropton Road, Hatton	Alternate Wednesdays, 2 p.m. to 4 p.m.
Main Street, Hilton	Wednesday, 2 p.m. to 4 p.m.
Clinic, Methodist Church, Station Road, Mickleover	2nd and 4th Thursday, 2 p.m. to 4 p.m.
Church Farm, Netherseal	Alternate Wednesdays, 2 p.m. to 4 p.m.
Clinic, Methodist Chapel, Wood- ville Road, Overseal	1st and 3rd Fridays, 2 p.m. to 4 p.m.
Clinic, The Village Hall, Repton ..	2nd and 4th Tuesdays, 2 p.m. to 4 p.m., Alternate Tuesdays, 1.30 p.m. to 3.30 p.m.
Parish Room, Rosliston	Shop hours.
Post Office, Walton-on-Trent ..	Shop hours.

RIPLEY URBAN DISTRICT

Shirley House, Shirley Road, Ripley	Monday, 9.15 a.m. to 12.15 p.m., Tuesday, Thursday and Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
Clinic, Church School, Heage ..	2nd and 4th Wednesdays, 2 p.m. to 4 p.m.

SHARDLOW RURAL DISTRICT

Clinic, Nunsfield House, Boulton Lane, Alvaston	Thursday, 10 a.m. to 12 noon, 2 p.m. to 4 p.m.
Clinic, Memorial Hall, Aston-on- Trent	1st and 3rd Tuesdays, 2 p.m. to 4 p.m.
Clinic, Women's Institute, Victoria Avenue, Borrowash	1st and 3rd Mondays, 2 p.m. to 4 p.m.
Clinic, Church of Christ, Reginald Road, Chaddesden	Wednesday, 10 a.m. to 12 noon, 2 p.m. to 4 p.m.
Clinic, Methodist Chapel, High Street, Chellaston	2nd and 4th Tuesdays, 2 p.m. to 4 p.m. 2nd and 4th Wednesdays, 2 p.m. to 4 p.m.
Clinic, New Church Hall, Draycott	
Clinic, Co-operative Guild Room, Little Eaton	2nd and 4th Mondays, 2 p.m. to 4 p.m. 1st and 3rd Tuesdays, 2 p.m. to 4 p.m.
Grange Hall, Park Lane, Littleover	
Clinic, The Bungalow, Penn Lane, Melbourne	Wednesday, 1.30 p.m. to 4 p.m.
Clinic, Memorial Institute, Sandi- acre	Monday, 2 p.m. to 4 p.m.
Clinic, St. Stephen's Church Hall, Sinfen Lane, Sinfen	2nd and 4th Mondays, 2 p.m. to 4 p.m.
Clinic, Methodist Church, Lodge Lane, Spondon	Friday, 2 p.m. to 4 p.m.
Clinic, Memorial Institute, West Hallam	1st and 3rd Thursdays, 2 p.m. to 4 p.m.

STAVELEY URBAN DISTRICT

County Clinic, Lime Avenue, Staveley	Tuesday and Thursday, 9.15 a.m. to 12.45 p.m. 2 p.m. to 5 p.m. Wednesday and Friday, 9.15 a.m. to 12 noon. Saturday, 9 a.m. to 12 noon.
Clinic, Ebenezer Chapel, Barrow Hill	1st 3rd, and 5th Wednesdays, 2.15 p.m. to 4 p.m.

SWADLINCOTE URBAN DISTRICT

County Clinic, Alexandra Road, Swadlincote	Monday and Friday, 9.15 a.m. to 12.45 p.m., 2 p.m. to 5 p.m. (except Wednesday afternoons) Tuesdays and Saturdays, 9 a.m. to 12 noon.
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WHALEY BRIDGE URBAN DISTRICT

Fernilee Church Hall, Whaley Bridge	Wednesday, 2 p.m. to 5 p.m. Saturday, 9 a.m. to 12 noon.
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WIRKSWORTH URBAN DISTRICT

Southams General Stores, The Green, Middleton-by-Wirksworth	Shop hours.
Parish Room, Wirksworth	Tuesdays, 2 p.m. to 4 p.m.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN

The long standing staffing difficulty still prevented the provision of a scheme of comprehensive inspection and treatment for expectant and nursing mothers and pre-school children. The work done for them had to be integrated with that for the school children and with only a quarter of the total staff required to cope with all these classes, it was necessarily limited in amount. However, the numbers treated and the amount of treatment carried out was appreciably greater than in the previous year. This was partly due to a temporary increase in the staff of three whole-time officers, which gave a total of seventeen months additional treatment time.

The mothers came under treatment through the ante-natal clinics and most of the children were brought to the clinics, chiefly for the relief of pain. Others were dealt with as the result of advice given at the Infant Welfare Clinics and some as the result of periodic inspections carried out at the Day Nurseries. An increasing number of parents brought their little ones for a check-up and this was always encouraged, for in dentistry as in other things, "a stitch in time saves nine", and the ordeal of treatment is greatly reduced.

The number of attendances made by mothers was 123 and by the children, 1,093. Extraction work constituted the greatest part of the treatment, followed by palliative and a relatively small amount of conservative work. Over 400 general anaesthetics were administered. These were given by the school medical officers and each patient was medically examined prior to treatment under general anaesthesia.

A great many of these young children had appalling mouths of grossly carious teeth and abscesses and great efforts were made to impress upon the parents the need to curtail the consumption of sweets and biscuits, especially between meals and before going to bed. Inquiry into the dietary habits in those cases invariably revealed the regular consumption of large quantities of sugary foods.

Literature with instructions on oral hygiene and advice on diet was available and distributed at each clinic.

The following table gives the particulars of the numbers inspected and the treatment carried out. The figures in parenthesis represent the work done in 1956.

				<i>Expectant and Nursing Mothers</i>	<i>Pre-School Children</i>
No. examined	..	..	..	52 (19)	949 (736)
Needing treatment	..	..	..	51 (19)	770 (688)
Attendances	..	..	..	123 (26)	1,093 (958)
Treated	..	..	..	44 (19)	730 (666)
Made dentally fit	..	..	..	14 (6)	269 (255)
Fillings	..	..	..	23 (2)	77 (32)
Extractions	..	..	..	142 (35)	1,214 (1,186)
General anaesthetics	..	..	..	21 (10)	411 (401)
Silver nitrate treatments	..	..	..	— (—)	477 (360)
Dressings	..	..	..	9 (5)	41 (74)
Scalings and gum treatments	15 (2)	1 (1)
Full upper and lower dentures	4 (—)	— (—)
Partial upper and lower dentures	5 (—)	— (—)

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ILLEGITIMATE CHILDREN

The following table shows the way illegitimate children were cared for in the County during the year under review :—

TABLE XVII.

1. The number of illegitimate births known to the Welfare Authority for the period 1/1/57 to 31/12/57	158
Number of unmarried mothers	158
2. The number in which the mother and child :—	
(a) Returned to live with mother's parents (of these three attended a Day Nursery in the County)	70
(b) Returned to live with other relatives	3
(c) Found or were helped to find lodgings where they could live together	31
(Of these twenty-six were accommodated in Borrowash House Mother and Baby Home, and four in Part III accommodation at The Firs, Bakewell).	
(d) Had to separate, the child going to the care of a Foster Mother	2
(e) In domestic service and had child with her	1
3. The number of illegitimate children who had been or were being legally adopted	30
4. The number of mothers who have married since the birth of the child	5
5. The number of mothers who, with their babies, are living with the father of the child, though not married to him	14
6. The number of illegitimate children who have died during the year	2

During the year twenty-three unmarried mothers included in the total of 158 were accommodated in Vernon Street Home, Derby, which is conducted by the Derby Diocesan Council for Moral Welfare. The County Council has an arrangement for the admission of unmarried mothers to this Home, the mothers usually being resident for a month before the birth of the child. They are then transferred to one of the Maternity Homes for their confinements and where necessary return to the Home usually for a further two months, making a total stay of approximately three months. Thirty-six Mothers who could not be accommodated in Vernon Street went to homes outside the County.

From April 1948 to May 1950, this service was free but in May 1950 the County Health Committee resolved that the Home should be requested to collect the sum of £1 1s. 0d. per week from each girl accommodated wherever possible, in view of the fact that she would be in receipt of benefits from National Insurance or from the National Assistance Board. As benefits from the National Insurance and the National Assistance Board were increased to 40/- per week in April 1955, the amount collected from each girl was increased to 32/6d. per week, thus leaving her with 7/6d. pocket money per week.

(Since April, 1958 the pocket money has been raised to 10/- a week following an increase in the National Insurance Benefits and National Assistance Allowances).

REPORTS RECEIVED FROM MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

Reports from the Maternal and Child Welfare Medical Officers were included in this part of my Annual Report for the first time in 1952. This year again I wrote to the Maternal and Child Welfare Medical Officers, in the following terms :—

“As in previous years I am asking Maternal and Child Welfare Medical Officers on the Staff of my Department to submit reports on their work during the past year.

Medical Officers should report on the whole field of their work, including the following subjects :—

- (1) General health and nutrition of the children, including the level of Mothercraft observed among the Mothers attending Infant Welfare Centres in the area.
- (2) Cleanliness and communicable diseases.
- (3) The Diphtheria Immunisation Scheme.
- (4) The role of the Medical Officer and Health Visitor in Health Education at Ante-Natal Clinics or Infant Welfare Centres.
- (5) Methods used at Ante-Natal Clinics to follow up non-attenders and the measure of success obtained by these methods.
- (6) The integration of clinic services with other aspects of the wider Health Service, with particular reference to the liaison between Hospitals, General Practitioners, and the Local Authority.

Apart from the above, special comment on aspects in which Medical Officers are particularly interested would be welcomed. The following are examples :—

- (a) Observations on the premature baby.
- (b) The incidence of breast feeding.
- (c) The early detection of special physical defects—blindness, aphasia, deafness, epilepsy, etc.
- (d) The early detection of mental defects.
- (e) Minor orthopaedic defects, e.g., flat feet, knock knee, etc., in the two to five age group.
- (f) The incidence of different diseases in different parts of the area, examples are Bronchitis and Gastro-intestinal conditions.
- (g) Problem families and evidence of child neglect.
- (h) Accidents at play and in the home.
- (i) Incidence of anaemia in the ante-natal period, observations on relaxation and post-natal exercises where these have been advised.

It will be helpful if your report is written in a form suitable for inclusion in my Annual Report, and I should like to receive it not later than the 1st February, 1958.”

DR. I. M. McCULLOUGH, Senior Medical Officer for Maternal and Child Welfare.

“Attendances at Ante-natal Clinics have shown little variation from last year. It is gratifying to know that an increasing number of general practitioners are holding their own ante-natal clinics. This enables the patients to have continuity in care from the early days of pregnancy to the end of the post-natal period. There is,

however, still an important role for local authority clinics in caring for patients who cannot be regularly supervised by a general practitioner or who have long distances to travel to hospital ante-natal clinics. Midwives can also consult the clinic medical officer about cases in their care. The clinic staff have a special opportunity to provide health education. This is particularly appreciated by mothers having their first babies. Helpful guidance in the care of the breasts, suitable diet, the importance of exercise, rest and relaxation together with instructions in the care of the newborn baby makes the prospect of confinement less frightening and helps to reduce the complications of pregnancy, labour and puerperium.

There has, unfortunately, been an increase this year in the number of mothers discharged from hospital within a few days of their confinement. As most of these cases have only been admitted to hospital because of unsatisfactory home conditions it is felt that this procedure is unfair to mother, baby and midwife. This is especially so in the case of mothers with large families who are thrown into the midst of their household duties without having had adequate rest.

The supervision of children under five years is chiefly the responsibility of the health visitor assisted by the medical officer at the clinic. The reports received from Paediatricians in hospital about children under their care enable the health visitor and medical officer to know more details about the child's medical history. In this way extra help and supervision can be given where it is most needed."

DR. E. A. L. BLAKE.

1. Amongst the mothers who regularly attend the Infant Welfare Clinics the standard of mothercraft is high. This applies particularly to mothers of first babies in the more populous areas of this northern part of the County. Advice is sought mainly in feeding problems and minor ailments. In the new Clinics visual aids, especially displays illustrating worthwhile food items, practical clothing and footwear, dangers in the home, etc., are a great focus of interest and value. Posters take the place of displays where space is not available. To be effective these posters need to be changed frequently.

2. It is only rarely that a mother refuses to have her child immunised against diphtheria, but there is a general preference for a combined vaccine immunisation available through the General Practitioner.

3. The use of the Sahli Haemoglobinometer at the Ante-natal Clinics during the year has been the means of detecting some anaemias and in the case of hypochromic anaemias started on Iron therapy of estimating its effectiveness by subsequent Haemoglobin readings. It would appear that the rate of raising the Haemoglobin by the use of Ferrous sulphate is slow as compared with Ferrous

Gluconate. One has to allow that regular dosage may not be a constant factor. Ferrous Gluconate also seems to be tolerated better. On three occasions patients were referred to hospital where blood transfusion was found to be necessary.

Time is well spent at the Ante-natal Clinics both by the Medical Officer, the Health Visitor and the Midwife in giving dietary advice.

In preparation for the commencement of Relaxation classes, the booklets on this subject which have been offered for sale, have been well received particularly by primigravidas.

After each clinic, the cases are discussed with the midwives of the area. This covers the question of any patient who may require a special visit during the ensuing week, or who may need contacting because of non-attendance. I have found this latter to be the best method of dealing with patients who fail to keep appointments.

There is a poor response in Post-natal attendance.

Breast feeding though recommended is rarely continued successfully beyond the second month of the baby's life.

Where minor complications of pregnancy needing treatment arise, the general practitioner is contacted by letter, and in several instances it has been possible to make personal contact for discussion of cases.

The Hospitals have given the greatest assistance when appointments for clinics were needed, or when accommodation was needed for emergency admission.

There is no regular system of reporting hospital deliveries to the ante-natal clinics. Presumably reports go to the patient's own doctor."

DR. D. M. JACKSON.

"The general health of babies and toddlers attending Infant Welfare Centres over the last twelve months, has been good apart from a period of widespread influenza which had a short convalescence and few complications.

The standard of mothercraft is, I think, higher than ever, and the incidence of breast feeding is also greater.

There has been one surprising change in bottle-feeding habits, in that the overwhelming predominance of National Dried Milk has been replaced by an almost equal popularity of one of the proprietary brands of milk. The change became noticeable soon after the increase in the price of National Dried Milk, but also coincided with a change in the advertising policy of the firms concerned. The mothers themselves cannot explain their preference, and if advertise-

ment is at the root of it, then it must be a conditioning process by which friends and relations recommend the advertised product as being a familiar name and "supposed to be good."

In some areas there is a definite change in outlook on home confinements, more mothers choosing to have their first baby at home. Many of these mothers, on returning for post-natal examination, or to bring the baby to the Infant Welfare Centre, have expressed their satisfaction with their confinement and said how glad they were to be at home. This suggests very strongly, that relaxation is easier in familiar surroundings.

DR. PERSEY.

"Infant Welfare Centres.

I have been impressed by the numbers of regular attenders at the Infant Welfare Centres and the standard of mothercraft has remained high, thus permitting the Medical Officer to spend more time on the few mothers whose knowledge and practice of baby care is deficient. I usually find these mothers are anxious for advice and conscientious in carrying out the recommendations offered. Infant feeding is mostly very satisfactory though the incidence of breast feeding in my area is not high. The mothers appreciate the provision of Welfare Foods at the Infant Welfare Centres, and the importance of additional vitamins is well accepted ; those whose babies will not take orange juice and cod liver oil, will use rose hip syrup and Vitamin A and D Liquid instead. Care has been taken to advise mothers about overdosage of Vitamin D.

Cleanliness is very rarely lacking except in problem families.

Diphtheria immunisation continues to be very well accepted and is most frequently carried out by the family doctor in conjunction with whooping cough prophylaxis. Registration forms for Poliomyelitis Vaccination appear to be in great demand.

Ante-Natal Clinics.

Attendances at Ante-natal Clinics in my area have shown seasonal variations, but there has been no marked decrease in numbers, and defaulters have been few. These have been followed up either by post or by a visit from Health Visitor or Midwife.

Routine Hb investigations have been carried out using the Sahli Haemoglobinometer. It has been interesting to record the good response to oral administration of Iron, but where this has been inadequate the patients have been referred to their General Practitioner for a course of an intramuscular iron preparation. Many patients have remarked on the good effect this has had on their general health.

Co-operation with other ante-natal services and maternity units in this area appears to have been good."

DR. C. M. WHITE.

"Ante-natal Clinics.

Numbers of patients attending Ante-natal Clinics seem to be on the increase again, following a drop in numbers last year. Those attending keep their appointments well on the whole. We endeavour to trace non-attenders either by letter or by requesting the Health Visitor or Midwife to look them up. It is sometimes difficult to check up on those booked for hospital confinement, as in the majority of cases they do not attend the Ante-natal Clinic again once they have received their hospital appointment. Under the present system of Ante-natal care patients do appear rather to be handed from one to another, which does not seem to be in their best interest.

The Chesterfield Bed Bureau is always most helpful in allotting beds to expectant mothers who require them, and Scarsdale Hospital is always very co-operative in admitting the occasional emergency from the Clinic. Patients are keen to take up their welfare foods and seem interested in methods advised to keep them fit throughout pregnancy. More interest is now taken in relaxation and exercises and it is hoped that classes will soon be held in various centres.

Poliomyelitis immunisation is now being carried out at the Ante-natal Clinics and meeting with a surprising response.

Infant Welfare Centres.

Numbers attending still fluctuate slightly as the population tends to be rehoused in different areas.

Those who attend seem to appreciate the opportunity to discuss their problems, and even those not noted for a high level of mothercraft appear weekly to ascertain how their infants progress.

Diphtheria immunisation, as such, is at a standstill and one feels the mothers are lulled into a false sense of security by the present day low mortality due to diphtheria. It is perhaps understandable that to them whooping cough is a far more formidable complaint, and therefore all our efforts are needed to boost the importance of immunisation against diphtheria in order to prevent its return.

NURSERY PROVISION FOR CHILDREN UNDER FIVE DAY NURSERIES

The Authority's five Day Nurseries at Chaddesden, Glossop, Ilkeston and Long Eaton, continued to operate satisfactorily, and no major changes took place.

Student Training.

During the year under review eleven students from the County Day Nurseries completed a two-year course of training and all were successful in gaining the Certificate of the National Nursery Examinations Board.

The students received courses of Further Education, and attended a training centre for this purpose on two days per week. While in the Nursery they are, of course, continually under expert supervision and receive practical training while taking part in the daily life of the Nursery. For this reason, the Ministry of Health has laid down that students in training shall not rank as full members of the staff, but three student places shall be regarded as equivalent to one full-time member. Students from Chaddesden Day Nursery attend a course of Further Education at Derby, while those from Glossop attend a course at the Training Centre in Southall Street, Manchester. Arrangements have been made for the Ilkeston and Long Eaton Students to attend the Nursery Training Centre in Nottingham.

Charges to Parents.

Since 1st April 1957, the maximum charge to parents has been increased from 5/- to 6/6d. per day, while the minimum charge remained at 3/- per day. The scale of charges to decide when a reduction in the maximum shall be made is as follows :—

			<i>Net weekly earnings of parent and spouse (if any)</i>			<i>Charges per day</i>		
			£	s.	d.	£	s.	d.
Not exceeding	..	..				8	0	0
			8	0	1 to	9	0	0
			9	0	1 to	10	0	0
			10	0	1 to	11	0	0
Exceeding	..	..				11	0	0
							6	6

Where the net weekly earnings are less than £12, the charge for a second child to be 1/- per day less than the assessed charge for the first child, subject to a minimum of 3/- per day for each child.

The Chairman and Vice-Chairman are authorised to deal with any cases of hardship.

It has been found that the increased charges resulted in a slight drop in attendances at some of the Nurseries, but this may be only a temporary reaction.

Medical Inspections.

Each Nursery is visited once each month by one of the Authority's Medical Officers. During these visits all new admissions are examined and any other children who have been under recent medical treatment or about whom the mother wishes special advice. Regular attenders are examined about once every six months. It is thus possible to detect defects in their early stages and with the co-operation of the general practitioner to secure early treatment. Special inspections are made in the case of infectious disease and the nurseries are also visited from time to time by Medical members of the Central Office staff and by the Superintendent Health Visitor.

Dental Inspections are carried out by Mr. H. E. Gray, the Chief Dental Officer, who reports as follows :—

“During the year dental inspections were carried out at the Day Nurseries at Chaddesden, Ilkeston (two), Glossop and Long Eaton. With few exceptions the dental conditions were very good. Only amongst the older children were a few defects found and these were chiefly of a minor nature. Only one or two extractions were necessary. Attention was given at the nearest clinic, with the exception of Glossop, where in the absence of staff, the parents of three children were advised to see the family dentist.”

Protection of Children against Tuberculosis—Ministry of Health Circular 64/50.

In accordance with the recommendations of the Joint Tuberculosis Council contained in the above Circular, all the staffs of Day Nurseries are subject to an x-ray examination of the chest before appointment and annually thereafter. This is laid down in the conditions of service set out in the application forms signed by all candidates for nursing posts in the County Nurseries, while a similar form agreeing to an initial and annual x-ray is signed by domestic staff before appointment.

This is a valuable step in the prevention of the spread of the disease by adults who regularly come into contact with organised groups of children.

During the year, nursing and domestic staffs at the five Nurseries administered by the County Health Committee were x-rayed in groups by arrangements with the Mass Miniature Radiography Units operating in or near Derbyshire. Our thanks are due to the Directors of these Units for their ready co-operation.

The following reports have been received from the Matrons of the Day Nurseries :—

Chaddesden Day Nursery.

“Number of children on the register on 31st December,			
1957	..	..	40
Number of children admitted during 1957	..	..	38
Number of children who have attended in 1957	..	..	71
Average number of children on the register in 1957	..	..	40
Average daily attendance under two years	..	..	5.4
Average daily attendance two-five years	..	..	26.3

There has been a good daily attendance during the year. The increased charges made in April were accepted by the parents and several stated that owing to the rising cost of living the increase had been expected. No children left because of the increase made.

The waiting list has dropped to seventeen. Mothers cannot find suitable posts. At one time about 50% of Nursery Mothers were employed by the British Celanese, during the last six months there have been cuts in employment at the factory.

Apart from an outbreak of measles in July, the health of the children has been excellent. All have gained weight steadily and have been well and happy. Twelve children were immunised against diphtheria and five children received dental treatment during the year.

The nursery equipment is in good order. During September the outside of the building was painted and the nursery rooms decorated. This is greatly appreciated by staff, children and parents. Praise must be given to the painters, they carried out the work with the minimum of disturbance to us all.

The cook greatly appreciates the electric fan installed in the kitchen, it is most satisfactory.

The health of the staff has been good. I cannot speak too highly of the part they play in the running of the nursery and keeping the happy atmosphere.

I am always pleased to welcome the members of the County Health Committee. Their visits are friendly and enjoyable. I appreciate the keen interest they all take in the welfare of the children and staff.

We all look forward to further visits in 1958."

Glossop Day Nursery.

"Register and Attendances.

Children on register, 31st December, 1957..	..	..	43
Number of children admitted during 1957	..	..	45
Number of children who attended during 1957	..	..	88
Average daily attendance—children under two years	..		9.3
Average daily attendance—children two to five years	..		21.4
Average number of children on register during 1957	..		44

There are eight children on the waiting list and all will be admitted when mothers find suitable employment. We are able to admit children of any age group at once if the mother is employed as our numbers have dropped since the daily charges were increased in April, 1957.

Children attended regularly, absences being chiefly due to babies having colds and teething troubles.

No child is ever taken from the Nursery except when of school age, or the mother has to stay at home through illness.

We had a slight outbreak of measles at the end of March which only affected three older children. Fortunately, this came at holiday time, preventing spread of infection, also giving these children a chance to make a good recovery.

Our children spent a very happy time during the heat wave in May. They were taken each morning to the paddling pool in the Park, in charge of the Warden, a Staff Nurse and three students. The 'bus company gave me a special rate of fare for twenty-two or twenty-four taken each morning.

At Christmas we had a most enjoyable Christmas Party, father Christmas had a sack of toys and each child received a present. The Mayor and Mayoress of Glossop paid a visit before the Party began and they were delighted with everything.

We have had several improvements this year. Linoleum floor-covering was fitted in the Staff Room, Isolation Room, Office and Milk Room and rugs were provided for the Staff Room. This is a great help in cleaning and makes for warmth and comfort, an improvement from bare board floors. The Staff have a large fitted cupboard for their outdoor clothes and shoes.

We are very pleased with the new Drying Cabinet which has been of great help in bad weather. Ventilators in the nursery ceiling have been covered with plaster-board and the old metal ventilators removed from the roof of the building. This will prevent collection of rain and snow, which previously came into the nursery.

We had two successful candidates in the August examination of the N.N.E.B. They have now obtained posts in Nurseries as Staff Nurses. One Student left in December because of ill health. Three new juniors have been appointed who are to attend Nursery Training School this year.

I need hardly repeat that the Nursery is in very poor decorative condition and is badly in need of painting. We were pleased to receive visits from members of the County Health Committee during the year.

There is a good supply of everything necessary to maintain well-fed healthy children. The County Health Authority's regard for the maintenance of supplies of food and materials needed for the smooth running of the Nursery is appreciated."

Station Road Day Nursery, Ilkeston.

"In January 1957 the number on the register was forty. This however has not been maintained, the average for the year being 31.76. On December 31st, 1957 the register stood at thirty-four.

The average daily attendance for under two years has been 6.4 and for over two years 11.4 making a total average attendance of 17.8. This is a drop of 6.3 on 1956.

During 1957, thirty-five children were admitted to the Nursery and forty-two discharged; in all sixty-two children attended the Nursery in the year.

These figures are relatively much lower than 1956. This is due I think to more than one factor. In the first place the increase of the daily fee had an adverse effect on the admittance and attendance of the children. Where children were attending five days at the old rate they only attended four days after the increase—grand-parents or a neighbour taking care of the child on the fifth day. Also the effect of the increase takes some time to find its level—a level in which parents accept the position without seeking an alternative.

This year has brought more cases of infection to the Nursery—eleven cases of measles, two chicken pox, added to which there was the influenza epidemic. If the child did not get Influenza in the beginning, the child's mother would have it, consequently the whole family then went down in stages, resulting in the child being away longer than a week or ten days.

In all cases of infection the usual precautions have been taken.

Another cause for the low number has been the fact that children have gone to school in my area at between four years and four years eight months.

I am, however, hopeful the coming year will see an upward trend in the number of children attending the Nursery, as I feel there is still the need for the care of children under five years.

There have been no priority cases dealt with in the year, but we have helped one mother who lives in the Nottinghamshire area.

During the year we have received some indoor and outdoor push and pull toys, which the children have enjoyed very much.

There have been no structural alterations to the Nursery, but the laundry, fire screen and the fire escape stairs outside were decorated.

The garden has been attended very well by the County Works Dept., who also sowed grass seed on the ground at the back of the Nursery.

One student sat her N.N.E.B. examination and was successful, she left at the end of August and the vacancy has been filled.

It has been a pleasure to receive visits from members of the County Health Committee when they have come to the Nursery and I look forward to further visits in 1958."

Whitworth Road Day Nursery, Ilkeston.

"Number of children on Register, 31st December, 1957 :—

Under two years	15	} Total 51
Over two years	36	

Number of children admitted during 1957 :—

Under two years	16	} Total 31
Over two years	15	

Number of children who have attended during 1957:—

	Under two years	..	..	..	31	} Total 82
	Over two years	..	..	..	51	
Average number on Register :—						
	Under two years	..	..	..	13	} Total 45
	Over two years	..	..	..	32	
Average Daily Attendance :—						
	Under two years	..	..	..	10	} Total 33
	Over two years	..	..	..	23	
Children left during 1957 :—						
	Under two years	..	..	..	8	} Total 38
	Over two years	..	..	..	30	

Since the increased charges to 6/6d. in April, 1957, more children have been absent for odd days, making the payments average about the same as previously (£1 6s. 0d. for four days instead of £1 5s. 0d. for five days). The increased charges certainly brought about decreased attendances, which I think are now beginning to improve slowly.

A number of children have been admitted for compassionate reasons for short periods, but as we have no waiting list there is no priority. I think there is a great need to help isolated children from problem families. It is better for children in most cases to come to the Nursery and even be helped financially rather than separate them from their mothers and homes (and also to cost so much more in Children's Homes). The Nursery provides a social service in this way, co-operating with the doctors and health visitors, for the benefit of the children.

Although the months of October, and November usually have the highest attendances in the year, the numbers were lowered this year by Asian 'Flu. Whole families were affected by this epidemic so nursery children were kept at home. Apart from this the only other infectious diseases occurring at the Nursery were :—

Measles	..	20 cases
Scarlet Fever	..	2 cases

The staff have co-operated very well during the year, particularly as there have been so many changes. The Warden left to take teachers training, a Nursery Nurse was successful in getting the Warden's post and this post was in turn filled by one of our old Students. The Cook who was with me for ten years unfortunately died and her post was filled very satisfactorily. Four students left on 31st August after gaining their N.N.E.B., these were eventually replaced.

Equipment. We are very pleased with the new curtains, they are most colourful and the painting of the wash-house and staff cloakroom was much appreciated. Needless to say the children are thrilled with the new toys and equipment. The kitchen floor has been tiled in green and yellow and we are very pleased with it, it looks very clean and hygienic.

We have had four visits from members of the County Health Committee during 1957, we are always very pleased to see them, we do appreciate their interest in the children, the nursery and the staff."

Long Eaton Day Nursery.

"Number of children on the register on 31st December,			
1957	..	..	52
Number of children admitted during 1957	..	..	49
Number of children who have attended in 1957	..	..	91
Average number of children on the register during 1957	..	..	52
Average daily attendance under two years	..	..	12.5
Average daily attendance two to five years	..	..	25.2

The attendance of the children at the Nursery has not been quite so good as last year. I am not sure if the increased charge on 1st April, 1957 had anything to do with this. It would seem though that a child was kept at home more readily for a day or two each week. There has also been the usual coughs and colds and minor ailments of children and parents, which accounts for absences.

I have had several priority cases during the year. Two children were admitted for a short stay while their mother (under Doctor's advice) rested during the day. One little boy was admitted for a fortnight while his mother went into hospital and two small children attended while their mothers were being confined. Another small girl was admitted while her invalid mother spent two weeks in bed.

New Equipment.

New equipment comprised one potato peeler, one three-decker trolley and one gas copper to replace the old one which had worn out.

We have been visited several times during the year by the County Health Committee members and visits have been much appreciated.

Students.

Three students sat for their N.N.E.B. certificate in July and were successful. These three girls resigned on 31st August, 1957 and were replaced by three new students. One Nursery Assistant resigned in July to get married and the vacancy has been filled.

Infectious Diseases.

During the year there were twenty-one cases of measles, one case of mumps and two whooping cough."

Admission of Derbyshire Children to Nottinghamshire Day Nurseries.

Several years ago an agreement was reached with the Nottinghamshire County Council, whereby children residing on the eastern border of Derbyshire could attend Nottinghamshire Day Nurseries, the difference between the charge to the parent and the cost per child-day being met by the Derbyshire County Council.

Admission of Derbyshire Children to Sheffield Day Nurseries.

It was agreed in principle that Derbyshire children be allowed to attend Sheffield Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. All cases are referred to the Chairman of the County Health Committee for approval after the actual assessment of the cost to the County Council has been ascertained by the Sheffield Authority.

Training of Pupil Assistant Nurses.

The arrangement continued during the year whereby two Pupil Assistant Nurses employed by the Derby Area No. 1 Hospital Management Committee should work for a period of six or eight weeks at one of the Day Nurseries to gain experience. The Management Committee supplied their services free of charge, and the Derbyshire County Council provided their meals.

Courses and Conferences.

The Matrons of the Chaddesden, Long Eaton and the two Ilkeston Day Nurseries attended a Joint Course for Nursery Teachers and Nursery Matrons which was held at the Nursery Training Centre in Nottingham from the 5th to 8th November, 1957 and the Matrons of the Glossop and Whitworth Road Ilkeston Day Nurseries attended a Study Day for Nursery Matrons and Course Tutors which was held in the Cowdray Hall, London on 23rd October, 1957.

The National Association of Nursery Matrons held its Annual Conference in Harrogate from the 22nd to 24th March, 1957 and the Matron of the Station Road Day Nursery Ilkeston was allowed to attend.

MIDWIFERY SERVICE

(Section 23)

General arrangements for the Service.

The County Council in July, 1948, became the responsible Authority for providing a domiciliary Midwifery Service for the whole of the Administrative County, including Chesterfield. The Area Medical Officer, assisted by a Maternal and Child Welfare Medical Officer and one non-medical Supervisor of Midwives, supervises the Midwifery Service in Chesterfield Borough, under the general direction of the County Medical Officer of Health. The remainder of the County is administered from the central office in Derby, and the County Medical Officer is assisted in carrying out the necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Maternal and Child Welfare Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternal and Child Welfare Medical Officers, as well as the non-medical Supervisors of Midwives—again, of course, under the general direction of the County Medical Officer of Health.

Regarding the midwives employed by the County Council, it has not been possible in all areas to divorce Midwifery completely from Home Nursing. This is partly due to the qualifications and grading of nurses transferred from Nursing Associations in 1948 and partly to the fact that in sparsely populated areas it results in the area to be covered becoming unwieldy. The travelling would then be excessive, bearing in mind the number of cases a midwife is expected to attend. The divorce of Midwifery from Home Nursing is a desirable aim, but I do not think that this can be achieved entirely in this County because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following table :—

	<i>Number of Midwives on the staff at the end of</i>						
	1951	1952	1953	1954	1955	1956	1957
County Midwives ..	83	73	71	69	72	71	72
Home Nurse Midwives ..	37	35	35	32	30	30	29

In order to enable the domiciliary midwives to make the best use of their time and also to transport equipment, including Analgesia apparatus, to their patients, the Authority agreed to grant travelling allowances to Midwives for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to Midwives wishing to obtain loans for this purpose. At the time of writing this Report sixty-six Midwives out of a total of seventy-two are using motor cars.

The areas covered by County Midwives and Home Nurse Midwives have been drawn having regard to (1) the amount of work performed ; (2) the convenience of patients ; (3) the situation of the Midwives' residences ; and (4) the "mobility" of Midwives.

It has been estimated that each Midwife can undertake approximately sixty-six cases per annum, and it has been stated that one Midwife is required for 5,000 to 6,000 of the population in an urban area. It is intended on this estimation, that her duties shall include ante-natal care, attendance at the confinement and nursing of the mother and baby for a minimum of fourteen days during the lying-in period.

At the end of 1957 there were 194 Midwives on the County Roll—seven were Midwives in independent practice ; six were Midwives working in private Nursing Homes ; eighty were Midwives working in Regional Hospital Board Hospitals and Maternity Homes ; and seventy-two were County Council Midwives and twenty-nine were County Council Home Nurse/Midwives.

Uniform.

All Midwives on the staff are provided with the official uniform recommended by the Central Midwives Board.

Housing.

It is a rule of the Authority that a Nurse should live in the area for which she is primarily responsible, in order that she may be readily available when called upon. Difficulty has occasionally been encountered in the past by Nurses in securing accommodation in some areas, although a number of Local Sanitary Authorities have been extremely helpful in letting houses either directly to the County Council for occupation by a Midwife, or to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

Statistics.

The following Table sets out certain relevant figures regarding the Midwifery Service for the years 1951 to 1957 :—

TABLE XVIII

	1951	1952	1953	1954	1955	1956	1957
Number of cases attended by Midwives employed by the Authority :							
(i) As Midwives	3,264	2,918	2,938	3,047	3,039	3,349	3,430
(ii) As Maternity Nurses	1,609	1,561	1,510	1,385	1,352	1,402	1,351
Total	4,873	4,479	4,448	4,432	4,391	4,751	4,781
Number of cases in which Gas and Air was administered	2,167	2,192	2,501	2,667	2,611	2,651	639
Number of cases in which Pethidine was administered :							
(i) When acting as a Midwife	241	579	900	1,185	1,297	1,693	1,954
(ii) When acting as a Maternity Nurse	613	598	488	479	826	704	795
Number of cases in which Trilene was administered :							
(i) When acting as a Midwife	—	—	—	—	—	323	2,237
(ii) When acting as a Maternity Nurse	—	—	—	—	—	130	755

Gas and Air Analgesia.

The number of Midwives in practice in the County at the end of the year who were qualified to administer Gas and Air Analgesia in accordance with the requirements of the Central Midwives Board, was as follows :—

Domiciliary Midwives	101
Employed in Homes and Hospitals in the National Health Service	75
Employed in Nursing Homes or Maternity Homes not in the National Health Service	5

The number of cases where gas and air analgesia was administered by Midwives in domiciliary practice during the year 1957 was 639.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction on the administration of analgesics in institutions approved by the Central Midwives Board.

In all cases where Gas and Air Analgesia is administered by a Midwife in domiciliary practice, a "second person" must be present who is acceptable to the patient as well as to the Midwife.

As a consequence of the authority contained in Statutory Instrument No. 380 of 1950, the Dangerous Drugs Regulations, 1950, authorising Midwives who have notified their intention to practise to the Local Supervising Authority to be in possession of and to administer medicinal opium, tincture of opium, and pethidine, all Midwives were issued with Dangerous Drugs Books, and arrangements were made for the issue of pethidine from the Central Office. The numbers of cases in which pethidine was administered since these Regulations came into force are set out below :—

1951	..	..	877
1952	..	..	1,190
1953	..	..	1,399
1954	..	..	1,665
1955	..	..	2,135
1956	..	..	2,397
1957	..	..	2,749

Trichloroethylene B.P. (Trilene).

By the end of 1957, all midwives employed by the County Council had been instructed in the use of, and provided with, Trilene Inhalers, as an alternative method of inhalational analgesia to Gas and Air. The number of midwives supplied with Trilene Inhalers was 101. The Inhalers are of a type approved by the Central Midwives Board for use by midwives, the same conditions being enjoined regarding the medical examination and the presence of a "second person" as with Gas and Air analgesia.

The number of cases where Trilene was administered by midwives in Domiciliary practice during the year 1957 was 2,992. This figure when compared with the figure of 453 for 1956, is a measure of the popularity of this latest form of analgesia allowed to be used by midwives. It will be remembered that, as mentioned in my last Annual Report, sixty-three midwives had been supplied with Trichloroethylene Inhalers by the end of 1956, while all had been so equipped by March of the year under review. This I think shows that the service is being kept up to date and efficient in all respects.

Relaxation.

Midwives in Derbyshire have been sent for many years by the County Council on refresher courses run by the Royal College of Midwives. Latterly the courses have included lectures on relaxation.

Gas and Air analgesia, trilene analgesia, pethidine, and other drugs, as well as relaxation exercises, are all methods designed to reduce suffering during childbirth, and while it is important that the wishes of patients should be respected it is advisable that whether one

or more of these methods should be used in a particular case be left to the discretion of the doctor or midwife, who have the expert knowledge to assess the medical condition at the time.

Refresher Courses.

The County Council's proposals under Section 23 of the National Health Service Act provide for sending Midwives on Post Certificate Courses at suitable intervals. Up to 1955 seven Midwives were sent annually to Courses arranged by the Royal College of Midwives, fees and expenses being paid by the Authority. In addition, the Supervisors of Midwives attend in rotation the annual post-certificate courses conducted by the Association of Supervisors of Midwives.

The Minister of Health has, however, given approval under Section 30 of the Midwives Act, 1951, to rules made by the Central Midwives Board. This was contained in Statutory Instrument 1955, No. 120, which came into operation on the 1st February, 1955. Section "G" of the rules dealing with Refresher Courses for Midwives is to be obligatory from the 1st January, 1958, after which date Midwives will be required to attend Refresher Courses every five years. In order that all Midwives shall be brought into line it was arranged to send thirty-two Midwives during 1955, thirty-two during 1956, thirty-two during 1957, and the balance during 1958.

Training of Pupil Midwives.

Arrangements were made with the Sheffield Regional Hospital Board for the training of Pupil Midwives in the Chesterfield area. The arrangements provided for the Regional Hospital Board paying : (1) the pupil Midwives' salaries ; and (2) £2 2s. 0d. per week to the Midwife for providing board and lodging for each pupil ; while the County Council pays £20 per annum to the Midwifery Teacher.

The Midwife in the Maternity Service.

The Royal College of Midwives have issued a Memorandum on Policy, and it was thought that the following excerpt from it might prove of interest :—

"The Midwife in the Maternity Service.

The Royal College of Midwives believes that if the best possible care is to be given to the mothers and babies of the country the Maternity Service must continue to be based on the provision of an adequate number of well-educated, well-trained and experienced midwives. At the same time the College welcomes the provision, under the National Health Service Act 1946, for maternity medical services to be given by general practitioner obstetricians, and for the attendance of consultant obstetricians, should the need arise.

The midwife today is trained to be 'the practitioner of normal midwifery' (Report of the Working Party on Midwives, para. 102), and as a member of the obstetric team she should be given a share

in the planning and organisation of the Service. Only thus will the mother and baby be best served and the best type of midwife find sufficient scope within the Service.

The function of the midwife should be substantially the same whether she is engaged in institutional or domiciliary practice, and in the following paragraphs we have outlined what we believe should be the scope of her work.

The Responsibility of the Midwife.

1. *Ante-Natal Care.*

The responsibilities of the midwife for the clinical care of the expectant mother are determined by the Rules of the Central Midwives Board.

The routine ante-natal care of the expectant mother should be recognised as the duty of the midwife in association with the doctor, who is responsible for the general medical care and attendance when need arises.

We believe it is of vital importance for the midwife to continue to exercise her clinical skill, including the ante-natal examination of women attending Local Authority clinics or other centres. Many doctors are now undertaking ante-natal care in their own surgeries, but this does not absolve the domiciliary midwife from taking the full share of responsibility. In hospital practice, where the obstetricians attend every ante-natal clinic, we consider it essential that there should also be ante-natal sessions conducted by midwives.

The midwife has always been a teacher of individual mothers, but today she is taking a much larger part in the ante-natal teaching of groups of mothers, and we are glad that her responsibility for this important work is increasing and will increase in the future.

Classes for the mothers in ante-natal clinics should be organised by the midwife in co-operation with other members of the health team. The midwife herself should give the teaching on the physiology of labour and the preparations for it, the use of inhalational analgesics, the preparations for the baby, and breast feeding. Provided she has had the appropriate experience, the midwife may often and does, give instruction on relaxation and ante-natal exercises to small groups of mothers.

In our opinion, the assessment of the suitability of the home conditions for confinement should be made by the midwife in consultation, where necessary, with the patient's own doctor.

2. *Care during Labour.*

Every mother should be under the constant care of a midwife during the whole of her labour. Although a doctor may be present for part of the time, the midwife should continue to take full responsibility for the majority of normal deliveries. She can administer inhalational analgesics and, under the Dangerous Drugs Acts, she can give certain pain-relieving drugs. It is thus within her power, and it is her duty, to give the mother adequate relief from pain during labour.

3. *Post-Natal Care.*

The responsibility of the midwife for the care of the mother and baby is a very important one. They should, if possible, be looked after during the post-natal period by the same midwifery team who cared for them throughout pregnancy and labour. We deplore the practice in some hospitals of sending the mother and baby home, or to other premises, within a few days of confinement since this makes it impossible to give them continuity of care.

The care of mothers and babies should remain the responsibility of midwives for at least twenty-eight days. It is the duty of the midwife to encourage the mother to attend for a post-natal examination and to make the necessary appointment.

We are strongly of the opinion that premature babies should be nursed by midwives."

HEALTH VISITING

(Section 24)

All the health visiting services in the County are carried out directly by the Authority and, therefore, no agency arrangements with other bodies are in force. The Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as Principal School Medical Officer to the County Education Committee. A great deal of the work for the County Health Committee has already been referred to in Section 22, as a substantial part of the care of mothers and young children is in their hands. Including the Superintendent Health Visitor, the establishment provides for the employment of sixty-nine Health Visitors, who also act as School Nurses.

Although the scope of the Health Visitor's work has increased and is extended to the whole of the family, she is still mainly concerned with mothers and young children and, of course, in her capacity as school nurse with school children.

Broadly her work is divided into three categories : (a) assistance at school cleanliness and medical inspections ; (b) attendance at the various clinics ; and (c) home visiting. It is in the home that her greatest contacts can be made, where she can see and discuss the problems of the family, both social and medical. The more she can visit the home and gain the confidence of the mother, the more likely will the latter seek help at the clinic when it is required.

From the figures in Table XX it will be seen that the Infant Welfare Centres are being used increasingly in this County. The total attendances show an increase of 3,000 on last year.

It has been decided to appoint Untrained Attendants for each School Doctor and this will relieve the Health Visitor in many ways, but particularly it will enable her to spend more time in an advisory capacity, for which she is specially qualified.

There is still a national shortage of Health Visitors and it has not been possible to obtain the number required in this County; at the end of 1957 fifty-seven Health Visitors were employed in an authorised establishment of sixty-nine, although the number needed ought to be somewhere between 130 and 140.

Training of Health Visitors.

In view of the shortage of candidates to the Health Visiting branch of the nursing profession, a scheme is in operation whereby State Registered Nurses under thirty-five years of age who hold the certificate of the Central Midwives' Board or the first certificate under the new Central Midwives' Board's rules, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly these conditions provide for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid three-quarters of the minimum of the Health Visitor's salary for the first twelve months. Of this period, approximately nine months will be spent as a student and the remainder as Health Visitor on the County Council's staff. A further important condition is that, if required, the candidate will remain on the staff of the County Council for at least two years after the completion of training. A formal agreement is drawn up between the nurse and the Authority to ensure the necessary financial safeguards, in view of the Authority's expenditure in providing for the nurse's training.

Three students completed their course of training and one commenced under this scheme during the year under review.

In all there are twelve Health Visitors in this County who were trained under this scheme since 1949.

STATISTICS RELATING TO MATERNAL AND CHILD WELFARE

Statistics regarding the Authority's Maternal and Child Welfare Services are submitted annually to the Ministry of Health, and appear at the end of this Report (Appendix I).

Certain facts are extracted for use in the Department, but appear likely to be of general interest and are set out in a convenient form, in Table XX on pages 74 and 75, for easy reference. The headings under which the statistics appear are self-explanatory, and give a summary of the position from year to year with regard to certain of the services provided under Section 22 of the National Health Service Act. (It will be appreciated that all the figures are based on the number of notified births, which varies slightly from the number of registered births, provided by the Registrar-General).

TABLE XIX

MATERNAL AND CHILD WELFARE.

1.	Ante-Natal Clinics—						
	Number of sessions					1,283	
	New Cases					3,349	
	Ante-Natal attendances					13,347	
	Post-Natal attendances					609	
2.	Visits to Homes—						
	Number of children under five years of age visited during year					41,671	
	Expectant mothers :—						
	First visits					2,403	
	Total visits					3,246	
	Children under one year of age :—						
	First visits					9,917	
	Total visits					29,189	
	Children age one and under two years :—						
	Total visits					16,062	
	Children age two but under five years :—						
	Total visits					31,561	
	Tuberculous Households :—						
	Total visits					2,701	
	Other cases :—						
	Total visits					7,662	
	Total number of families or households visited by Health Visitors					35,758	
3.	Infant Welfare Centres :—						
	Number of sessions					4,197	
	Number of new cases :—						
	Under one year of age					6,936	
	Number of children who attended during the year and who were born in :—						
	1957					6,508	
	1956					5,256	
	1955-52					4,385	
	Total number of children who attended during the year					16,149	
	Number of attendances made by children who, at the date of attendance, were :—						
	Under one year					86,967	
	One but under two					19,000	
	Two but under five					11,510	
	Total attendances during the year					117,477	
4.	Mothercraft—Number of Lectures					140	

HOME NURSING SERVICE

(Section 25)

Home Nurses have become important members in the community by performing valuable services to the sick in their homes which are widely appreciated. Statistics of the work carried out cannot give a true picture of the services rendered. However, during the year 16,825 persons were attended, and the number of visits paid to them was 391,632. 37% of the patients attended were over sixty-five years of age at the time of the first visit ; 3% of the cases were under five years of age : thus, nearly half the work of the Nurses was in connection with the elderly and the young, 22% of all cases had more than twenty-four visits paid to them by the Nurses.

In Appendix I to this Report is given a copy of the Annual Return to the Ministry of Health of the Services provided by the Authority. In Part I, Section 6 an analysis is given of the type of work the Nurses are now called upon to carry out, showing the number of cases and visits to medical, surgical, infectious diseases, tuberculosis, maternal complications and others.

The following shows the staffing position at the end of each year since the coming into operation of the County Council Home Nursing Service :—

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Full-time—										
Home Nurse Midwives..	44	43	38	37	35	35	32	30	30	29
Home Nurses	81	91	104	99	99	99	103	108	112	112
TOTAL ..	125	134	142	136	134	134	135	138	142	141
Part-time	2	—	2	3	2	—	—	—	—	—
TOTAL full-time and part-time..	127	134	144	139	136	134	135	138	142	141

The Ministry of Health has asked Medical Officers of Health if they could include in their Annual Reports any information that they may have about the effectiveness of the Home Nursing Service in relieving the pressure on hospital beds by providing home care for patients who might otherwise have had to be admitted to hospital. It has, of course, been known that the work of the Home Nurses has been helpful in this connection, and statistics can only give a general picture, but figures have been obtained from the Nurses themselves of the number of patients they have attended during the year who, had it not been for their services would, in all probability, have required hospital treatment, as follows :—

<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Total</i>
1,393	1,967	187	3,547

Some of the Home Nurses have pointed out that the services they provide enable hospitals to discharge patients sooner than might otherwise have been the case. Mention has also been made of the fact

TABLE XX.

NUMBER OF NOTIFIED BIRTHS :

	1951	1952	1953	1954	1955	1956	1957
Live Births	10,619	10,387	11,039	10,122	10,130	10,769	10,946
Still Births	227	236	233	269	221	250	274
Total Births	10,846	10,623	11,272	10,391	10,351	11,019	11,220

DOMICILIARY MIDWIFERY.

L.H.A. Midwives—Number of cases attended :
as Midwives

as Maternity Nurses	3,264	2,918	2,938	3,047	3,039	3,349	3,430
Total	1,609	1,561	1,510	1,385	1,352	1,402	1,351
	4,873	4,479	4,448	4,432	4,391	4,751	4,781

Midwives in private practice, number of cases
attended :

As Midwives

As Maternity Nurses

Total

Domiciliary Cases—Grand Total

As Midwives	30	17	2	9	1	2	—
As Maternity Nurses	28	22	20	8	16	3	5
Total	58	39	22	17	17	5	5
Domiciliary Cases—Grand Total	4,931	4,518	4,470	4,449	4,408	4,756	4,786

Number of Domiciliary Cases attended as a percentage
of all notified births

ANALGESIA.

Number of cases in which inhalational analgesics were
administered by L.H.A. Midwives in Domiciliary
practice
Number of cases of Analgesia as a percentage of
domiciliary births

ANTE-NATAL CLINICS.

Number of L.H.A. Clinics
Number of new cases attending during the year
Number of new ante-natal cases as a percentage of
all notified births

POST-NATAL CLINICS.

Number of L.H.A. Clinics
Number of new cases attending during the year
(including post-natal cases at Ante-natal Clinics)
Number of new post-natal cases as a percentage of all
notified births

INFANT WELFARE CENTRES.

Number of L.H.A. Centres
Number of Voluntary Centres
Number of children who first attended an Infant
Welfare Centre during the year (under one year)
Number of first attendances of children under one
year of age at I.W.C.'s as a percentage of notified
live births

45.5	42.5	39.65	42.8	42.4	43.16	42.66
2,167	2,192	2,501	2,667	2,611	3,104	3,631
43.9	48.5	55.95	59.9	59.46	65.3	75.86
24	23	22	22	23	23	24
4,663	4,467	4,183	3,976	3,777	3,837	3,349
43.0	42.0	37.1	38.3	36.5	34.8	29.85
2	2	2	2	2	2	2
532	409	394	487	514	559	506
4.9	3.8	3.49	4.68	4.97	5.07	4.51
83	86	85	85	86	88	92
3	3	3	3	3	2	2
5,923	6,115	6,374	6,995	6,245	6,663	7,069
55.77	58.87	57.74	69.17	60.3	61.87	63.00

that but for her visits to the homes a number of patients would have needed to attend outpatient departments of local hospitals. This, one would imagine, would apply mainly in the rural areas.

Another Nurse has stated "where the home conditions are suitable it would appear that home nursing is far more acceptable than treatment in hospital to the majority of patients and their relatives, when at all possible, particularly in the case of elderly people, and very young children, both of whom seem to progress more favourably when amongst their family in familiar surroundings".

A statement has been made that without the help of the loan of bedsteads, mattresses, and so on many chronic patients would have had to be admitted to hospital.

Now that chemotherapy is widely used in domiciliary treatment nurses are more and more called upon to administer injections for a variety of diseases under the direction of the patient's own doctor. The number of patients visited for this purpose during the year was 5,369 involving 131,622 special visits.

It is the Council's policy to separate, wherever possible, Home Nursing from Midwifery because of the danger of spreading infection from the general cases to women in childbirth. When vacancies occur the position in the area concerned is reviewed to see if any changes can be made, bearing in mind the efficiency of the service and the standards of staff which has been given by the Ministry of Health, and which is as follows :—

Where bedside nursing only is undertaken	.. .. .	One nurse to 6,000 to 7,000 of the population.
Combined with midwifery	..	One nurse to 3,000 to 4,000 of the population.

Many nurses make use of the County Council's scheme for granting loans towards the purchase of cars. The number using cars is increasing, in fact at the time of writing 129 out of 141 Nurses are using motor vehicles in connection with their service. The County Council has realised the advantages to all concerned by Nurses using cars in connection with their duties, and their policy is to grant car allowances to these Officers.

Local Housing Authorities have again been helpful in allotting houses on their Housing Estates for occupation by Home Nurses, thus enabling the Nurses to reside where there is a concentration of population.

The principle of enabling Nurses to attend Post Certificate or Refresher Courses every five years has been continued. In fact there has been some extension of these facilities by allowing a limited number of Nurses to attend special Courses on Mental Health. The time and money spent on Nurses attending Courses is well worth-while as the Nurses are able to keep abreast of the latest methods of treatment. The Nurses themselves speak very highly of these Courses.

VACCINATION AND IMMUNISATION

(Section 26)

Diphtheria.

The importance of immunisation against this disease is constantly stressed by workers in the public health field, and it is pleasing to report that over the last few years there has been a steady though slight, increase in the number of persons given primary immunisation, as the following table shows :—

TABLE XXI

<i>Immunisation against Diphtheria.</i>			
		<i>Primary</i>	<i>Booster</i>
1952..	..	7,488	6,748
1953..	..	6,730	4,727
1954..	..	7,531	5,862
1955..	..	7,677	8,028
1956..	..	8,314	5,831
1957..	..	8,577	6,570

It is gratifying to report, for the second year in succession, that there has been no notification or death from this disease recorded in the County.

The following table gives details of the children who completed a course of immunisation or received a reinforcing dose during 1957, in the form required by the Ministry of Health :—

TABLE XXII

DIPHTHERIA IMMUNISATION RETURN FOR THE YEAR
ENDED 31st DECEMBER, 1957

	<i>AGE</i> <i>at date of final injection (as regards A)</i> <i>or of reinforcing injection (as regards B)</i>			
	<i>Under 1</i>	<i>1 to 4</i>	<i>5 to 14</i>	<i>Total</i>
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA (including temporary residents) TOTAL FOR THE YEAR	4,459	2,210	1,908	8,577
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION (i.e., subsequently to primary immunisation at an earlier age). TOTAL FOR THE YEAR	—	383	6,187	6,570

TABLE XXIII

The following is a copy of the return submitted to the Ministry of Health relating to the immunisation position in the child population at the 31st December, 1957.

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1957, who had completed a course of Immunisation at any time before that date (i.e. at any time between 1st January, 1942 and 31st December, 1957).

Age at 31.12.57 i.e. Born in Year	Under 1 1957	1—4 1953-1956	5—9 1948-1952	10—14 1943-1947	Under 15 Total
Last complete course of injections (whether primary or booster) .. A. 1952-1956	4,459	19,714	26,640	13,113	63,926
B. 1942-1951 ..	..	..	23,205	34,035	57,060
C. Estimated mid- year child popula- tion	10,900	42,200	117,400		170,500
Immunity Index 100 A/C	40.9%	46.7%	33.9%		37.5%

The best picture of the effect of immunisation can be obtained by viewing the country as a whole, and in this connection the following quotation from a message from Sir John Charles, the Chief Medical Officer of the Ministry of Health, addressed to Medical Officers of Health and other workers in the field of child welfare is apposite.

“You will be glad to know that since 1940 some 12½ million children have been immunised against diphtheria, and that the incidence of this disease has fallen from a yearly average of 58,000 cases and 2,800 deaths (1930-39) to fifty-one cases and eight deaths in 1956. This news will be particularly gratifying to Medical Officers of Health and their staffs and to family doctors, on whom much of the burden of inducing parents to have their children immunised has fallen and will continue to fall, and I should like to congratulate them.

But we cannot abate our efforts. The great success of the immunisation campaign contains the seeds of its own failure unless measures are taken to impress on parents who rarely see or hear of diphtheria these days that the immunisation of their infants is still a necessary measure of protection.

In 1956 44% of babies under one year were immunised ; though this was a considerable improvement on the figure of 36% for the two previous years, and a most creditable one compared with the 1951 figure of 28%, we cannot possibly rest content with it."

The Ministry of Health have provided the following information regarding deaths and corrected notifications during the past few years :—

<i>Year</i>	<i>Deaths</i>	<i>Corrected Notifications</i>
1948	156	3,575
1949	84	1,890
1950	49	962
1951	33	664
1952	32	376
1953	23	266
1954	9	173
1955	13	155
1956(provisional)	8	51

The total of deaths in 1956 includes five "late effects" deaths, i.e. those occurring more than a year after the acute episode ; in 1951, 1952, 1953, 1954 and 1955 these numbered three, nine, three, one and none respectively.

Poliomyelitis.

Vaccination against poliomyelitis was instituted in this country during 1956 and I wrote at length on the subject in my Annual Report for that year.

The initial scheme envisaged that vaccine would be made available for children born between 1947 and 1954 inclusive. At the end of 1956 the Minister of Health intimated that it was hoped that during 1957 regular supplies of the vaccine would become available for distribution to Authorities to enable all the children already registered to be vaccinated with two injections. General medical practitioners were to be invited to take part in the scheme. In May, 1957, the Ministry of Health indicated that when the children already registered had been vaccinated, the following should be offered vaccination—children born in 1955 and 1956, and children born in 1947-1954 inclusive, who had not hitherto been registered.

In November, 1957, it was announced that more British vaccine would become available and it would be supplemented by "Salk" vaccine manufactured in Canada and the United States. The imported vaccines would be required to pass in this country the same safety and other tests as are applied to the British vaccine. As a result of this increase in the supplies of vaccine, Local Health Authorities were asked to make a continuing offer of vaccination to children born in 1943-1956 inclusive, to those born in 1957 who had reached the age of six months, and to expectant mothers. Vaccination should also be offered to general medical practitioners and to local authority ambulance staff, as being specially exposed to infection, and to the families of

those two groups. Further, the staff at hospitals where poliomyelitis cases are treated during the infectious stage are eligible for vaccination, as well as their families.

On 19th November, 1957, the Ministry of Education issued Administrative Memorandum No. 561, in which it was stated that the Minister of Education was "confident that local education authorities will co-operate closely with local health authorities in the arrangements for school children. He also hopes that they will collaborate in any measures for giving priority to the work of vaccination, if necessary, by deferring some of the normal and less urgent work of the School Health Service." The Education Authority are always prepared to co-operate to the full in any measures which are designed to improve the health and well-being of children and I am sure there will be no difficulty in this County in complying with the Minister's wishes.

During the year under review only small supplies of British vaccine were available, and no Salk vaccine was received, but the extension of the scheme suggested by the Ministry in November, 1957, came into operation in December.

At the end of 1957, 16,868 patients were awaiting vaccination. Up to the 31st December, 1957, altogether 16,666 patients had received two inoculations with anti-poliomyelitis vaccine and a further 1,820 had been given their first injection.

Small Pox.

The same general remarks regarding Diphtheria Immunisation apply in the case of Small Pox Vaccination, and whilst no cases have been reported in the County, and no major outbreaks have occurred nationally, it is important that the vaccination rate should be high as otherwise there is a possibility that if the disease is introduced into the Country, a major epidemic may occur.

As will be seen from the following table the number of primary vaccinations has risen steadily, but very slightly, in recent years :—

<i>Vaccination against Small Pox</i>		
	<i>Vaccination</i>	<i>Re-vaccination</i>
1952.. ..	1,612	729
1953.. ..	1,939	795
1954.. ..	1,815	568
1955.. ..	1,816	476
1956.. ..	2,276	564
1957.. ..	2,833	656

TABLE XXIV

The following is a copy of the Annual Return for the year ended 31st December, 1957, which was submitted to the Ministry of Health, relating to the vaccination position.

I. NUMBER OF PERSONS VACCINATED (or RE-VACCINATED) DURING PERIOD.

<i>Age at date of Vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2 to 4</i>	<i>5 to 14</i>	<i>15 or over</i>	<i>TOTAL</i>
Number Vaccinated	1,698	254	201	192	488	2,833
Number Re-vaccinated..	11	3	15	43	584	656

II. NUMBER OF CASES SPECIALLY REPORTED DURING PERIOD.
(Age groups as above).

(a) Generalised Vaccinia ..	—	—	—	—	—	—
(b) Post Vaccinal Encephalomye- litis	—	—	—	—	—	—
(c) Death from complications of vaccination other than (a) and (b) ..	—	—	—	—	—	—

Bacillus Calmette Guerin—(B.C.G.) vaccination against Tuberculosis.

(1) *Contact Scheme.* Since 1950 the Ministry of Health has made available supplies of vaccine for individual Chest Physicians, who wish to use it on their own medical responsibility, for contacts of cases of Pulmonary Tuberculosis. The scheme is largely confined to children who are in contact with a case of Tuberculosis.

The number of persons vaccinated during the last eight years is as follows :—

1950	..	..	38
1951	..	..	164
1952	..	..	165
1953	..	..	269
1954	..	..	379
1955	..	..	387
1956	..	..	339
1957	..	..	530

(2) *School Children.* The question of offering B.C.G. to school children was dealt with at some length in the Annual Report for 1956, and towards the end of that year the Ministry of Health approved the following amendment to the County Council's proposals under Section 28 of the National Health Service Act :—

“The Council will also make arrangements to offer B.C.G. vaccination to any other classes of person as may be approved from time to time by the Minister of Health.”

In accordance with the terms of this amendment the Ministry also approved the Council's proposals to offer B.C.G. vaccination to school children between their thirteenth and fourteenth birthdays, and as the full operation of the scheme will entail a considerable amount of additional work on the part of the School Medical Officers, the County Council has authorised the appointment of six additional whole-time Medical Officers. Furthermore, the County Health Committee has approved Medical Officers who will be giving the B.C.G. attending an approved course of training in the technique of this work.

Briefly, the procedure is to skin test the pupils between their thirteenth and fourteenth birthdays, and the negative reactors are then vaccinated with B.C.G. Thus, it is hoped to confer a degree of immunity before the children leave school and come in contact with the disease in the population at large.

The intention is to introduce the scheme into certain areas, and gradually extend it to cover the whole of the County.

On account of the Poliomyelitis Vaccination and certain administrative difficulties it was not possible to make a start until November, 1957, but by the end of the year six schools had been dealt with. The total number of children to whom B.C.G. was offered was 584; 442 consents were received and of that number 330 were found negative and 329 were actually vaccinated with B.C.G.

The Headteachers of the schools have been very helpful and co-operative.

“Asian 'Flu.”

Towards the end of 1957 an epidemic of influenza occurred in this Country. Fortunately it was on the whole mild in its effects. School attendance was adversely affected, and a circular was sent to Heads by the Director of Education and the Principal School Medical Officer dealing with various points which it was thought might arise (e.g. the possible need to close a school or cancel certain group activities, etc.). The Ministry of Health felt that there was no medical necessity for a mass vaccination scheme against so mild a disease, but they drew attention to a vaccine which was designed to give protection against Asian type influenza and proposed that vaccination be offered to certain groups of doctors, nurses and others who were specially exposed to infections and on whom any epidemic places an exceptionally heavy burden. Whilst general medical practitioners desiring such vaccination

made their own arrangements for the inoculations to be carried out with material obtained through the local health authority, the services of the M. & C.W. and School Medical Officers were used to deal with the medical, nursing, home help and ambulance staffs of the County Council who requested vaccination. The following vaccinations were carried out :—

General Medical Practitioners	100
County Council Medical Officers ..	8
Home Nurses	93
Home Helps	54
Ambulance Personnel	81

Other Diseases.

In the Annual Report for 1956 it was stated that some evidence had been produced which suggests that Whooping Cough and Tetanus Immunisations are of some value, and in September 1956 the County Health Committee decided that authority be sought from the Ministry of Health for arrangements to be made :—

- (a) for offering the Triple Prophylactic against Diphtheria, Whooping Cough and Tetanus, and also
- (b) for offering immunisation against Diphtheria, Whooping Cough or Tetanus, singly or in combination, which would enable the appropriate primary or boosting injection(s) to be offered at the most suitable times.

It was also decided that the Ministry of Health be approached to see whether they would provide the prophylactics mentioned in (a) and (b) above, free of charge in the same way as they already provide the Antigen against Diphtheria and Vaccine against Smallpox.

The Minister of Health in July 1957 authorised the Council, in its approved arrangements under Section 26 of the National Health Service Act, to offer to persons in its area : (a) immunisation against Whooping Cough ; and (b) immunisation against Tetanus. In issuing this approval the Minister of Health assumed that the County Medical Officer of Health will be responsible for deciding what Antigen(s) are to be used, and that the Antigen(s) will be made available to General Practitioners on request, and also that when making arrangements for offering immunisation against Whooping Cough and Tetanus consideration will be given to the views contained in a circular, issued by the Ministry, for the guidance of Local Health Authorities.

The Ministry further stated that the Authority should make its own arrangements for the purchase of suitable vaccines. Accordingly, provision was made in the Annual Estimates for 1957-58 for the purchase of Antigens, and it is proposed to launch a scheme in the course of the current year.

AMBULANCE SERVICE

(Section 27)

Structure and Organisation.

As in the previous year the County Council continued to operate the Ambulance Service from fourteen directly operated Stations, four of which were manned throughout the twenty-four hours and the remaining ten Stations manned during the day-time only i.e. from 7 a.m. to 7 p.m. In the case of the Day Stations, night cover was afforded by ambulance personnel on stand-by duty at their homes augmented by the resources of the appropriate Main Stations, with the exception of Bolsover and Glossop where complete night cover was provided respectively by the Main Station at Chesterfield operated by the County Council and the Stalybridge Ambulance Station under the control of the Cheshire County Council. The Ripley Ambulance Station continued to relieve the Heanor Station stand-by duty as far as possible but this was dependent on the availability of manpower at the Ripley Ambulance Station.

The Superintendents of the twenty-four hour Stations continued to exercise supervision over the Day Stations in their area in the absence of the Day Station Superintendents for short periods. Experience has shown that this arrangement is very satisfactory as the four Main Stations are equipped to exercise radio-control as well as to receive emergency telephone calls at any time as they are staffed on the "spot" by a rotating shift system day and night. Regarding radio-telephony the Main Stations are able to communicate with the ambulances equipped with wireless while they are on a journey, whether they are based on their own Station or an associated Day Station. It is very apparent that this system of control, which follows the lines recommended by the Ministry of Health in Circular 5/56, ensures that the fullest measure of co-ordination of journeys is achieved.

The following procedure is adopted for calling an ambulance :—

(a) *Urgent Calls.*

If ambulance transport is required to deal with an urgent case, such as a street accident, all that is necessary is to call the Telephone Exchange Operator and ask for "Ambulance." The caller would be automatically put through to the appropriate Ambulance Station, when the call would be accepted and dealt with regardless of whom the caller might be.

(b) *Non-Urgent Calls.*

If a patient is suffering from a non-urgent condition, an ambulance or other form of suitable transport would be provided as appropriate, on the authority of a doctor, dentist, nurse or midwife, providing, of course, the patient cannot reasonably be required to travel by public transport.

<i>Ambulance Station</i>	<i>Telephone Number</i>		<i>Address</i>
	<i>7 a.m. – 7 p.m.</i>	<i>7 p.m. – 7 a.m.</i>	
Main Station *MICKLEOVER	Derby 53916	Derby 53916	Station Road, Mickleover, Derby.
Sub-Stations Ashbourne ..	Ashbourne 441		Green Road, Ashbourne.
Ilkeston ..	Ilkeston 936		Manor House, Manners Road, Ilkeston.
Long Eaton ..	Long Eaton 1055		Old Hall Depot, The Green, Long Eaton.
Swadlincote ..	Swadlincote 7041		Darklands Road, Swadlincote.
Main Station *RIPLEY ..	Ripley 75	Ripley 75	Ivy Grove, Ripley.
Sub-Stations Heanor ..	Langley Mill 3141		Wilmot Street, Heanor.
Matlock ..	Matlock 706		Town Hall, Bank Road, Matlock.
Main Station *CHESTERFIELD	Chesterfield 6282	Chesterfield 6282	Ashgate, Chesterfield.
Sub-Station Bolsover ..	Bolsover 2121		Church Street, Bolsover.
Main Station *BUXTON ..	Buxton 2012	Buxton 2012	Park Road, Buxton.
Sub-Stations New Mills ..	New Mills 3333		Hague Bar Road, New Mills.
Bakewell ..	Bakewell 393		Baslow Road, Bakewell.
Glossop ..	Glossop 3101	Stalybridge 2650	Talbot House, Talbot Road, Glossop.

* Equipped for radio control.

NOTE : For all emergency cases, call the Telephone Exchange and ask Operator for "AMBULANCE."

The County Council gave full ambulance cover to the Disley area on behalf of the Cheshire County Council and the arrangements with Sheffield County Borough to convey Derbyshire patients from the "fringe" area to Hospitals in Sheffield were continued. The reciprocal arrangements which were made at the inception of the Service with neighbouring authorities along the whole of the County boundary remained in force.

In order to avoid detailed accounting, agreement has been reached with certain Local Health Authorities to waive charges for work done by one Authority on behalf of the other.

In the interests of efficiency and economy consultations have taken place with the different Hospitals in, or serving the area, in conjunction with representatives of neighbouring Ambulance Services. These meetings have resulted in improved co-ordination of ambulance transport with a consequent reduction in the waiting time of patients at Hospitals.

Arrangements for long distance journeys continued to be dealt with through the Central Office and the Authority into whose area the patient was being conveyed, was notified of the journey in advance ; this procedure conforms with that recommended in Ministry of Health Circular 5/56 dated the 6th April, 1956, and provides a means of conveying patients from that area by the returning ambulance on its homeward route.

Hospital Car Service.

No journeys were undertaken by this Supplementary Service during the year as the Council's own fleet of sitting case vehicles was able to meet the demands on the Service.

Conveyance of Mental Patients.

No change was made in connection with the transportation of mental patients. The provision of ambulance transport to convey patients to and from the Pastures Hospital was made by the Mickleover Ambulance Station, located approximately one mile from the Hospital ; by this means the services of specially trained nurses from the hospital were utilised for escort purposes. Transportation of patients outside the scope of this arrangement was dealt with by vehicles from other Stations in the County. During the year, the Ambulance Service provided transport for conveying mentally defective patients to two training centres in the County and appropriate charges were made on the Mental Health Service.

Conveyance of Patients by Rail.

There was an appreciable increase in the number of patients conveyed by rail as compared with previous years ; this is undoubtedly due to the fact that Hospitals and General Medical Practitioners, through the constant publicity given to this subject, are becoming more aware of the advantages of the use of ambulance/rail/ambulance transport, particularly in connection with long distance journeys. The voluntary organisations of the British Red Cross Society and the St. John Ambulance Brigade have continued to render their invaluable service acting as escorts to patients conveyed by this means ; at the same time the British Transport Commission have been most co-operative in connection with reservations for railway journeys.

Infectious Diseases.

The policy of the County Council whereby infectious cases are conveyed in the general ambulance service vehicles has been continued throughout the year; the ambulance personnel have been instructed in the transportation of such cases and in the disinfection of ambulance bedding, equipment and vehicles. The Superintendents of all Stations have also been made aware of the procedure for dealing with the conveyance of a case of smallpox (or suspected smallpox) and special equipment is held at each of the Main Stations for dealing with such cases.

A condition of appointment by the County Council of ambulance personnel is that they agree to be vaccinated against smallpox at suitable intervals, as recommended by the County Medical Officer. Since 1951, arrangements have been made for approximately half of the personnel to be vaccinated each year, which means in effect that the arrangement provides for each member of the operational staff to be vaccinated every two years; this conforms to the recommended biennial vaccination of personnel in Ministry of Health circular letter (H.M.(56)79) dated the 5th September, 1956.

The following table shows the number of vaccinations carried out in respect of ambulance personnel during the last five years :—

<i>Year</i>	<i>Smallpox Vaccinations</i>	
1953	..	63
1954	..	42
1955	..	81
1956	..	88
1957	..	94

Major Accidents.

The procedure for dealing with any major accident which might arise in the County, was formulated in 1955 but this is constantly under review having regard to the reports published from time to time in connection with major incidents which have occurred in the County, as well as discussions which have taken place at meetings of Regional Hospital Board Liaison Committees.

A supply of equipment specifically for dealing with major accidents is held at each of the four Main Ambulance Stations which are strategically sited in the County.

Premises.

The new Ambulance Station at Bakewell became operational on the 16th February, 1957 and was officially opened on the 8th July, 1957. This building replaced most unsatisfactory premises, with accommodation for one vehicle only, which had been occupied since the inception of the Service in July, 1948. The new building comprises an administrative block, including a lecture room, and garage accommodation for six vehicles.

Whilst the Council has pursued its policy of providing new Ambulance Stations to replace unsatisfactory premises, unfortunate delays have been experienced for various reasons, including difficulty in acquiring suitable sites. In some parts of the County, on account of insufficient garage accommodation at the existing premises, Ambulance Service vehicles still have to remain in the open.

Telecommunications.

During the year the remotely controlled fixed station at the "Cat and Fiddle" was completed and in May it was possible to bring into operation in the North West of the County thirteen mobile equipments controlled from the Main Station at Buxton.

Whilst the provision of a radio control at each of the Main Ambulance Stations in the County proved operationally satisfactory, certain difficulties have been met with due to interference, mainly at the Ripley Station and to a lesser degree at Mickleover. In addition, bad reception has been experienced in the Buxton area from time to time due to faults occurring in the land line from the remotely controlled fixed station. With regard to the interference, this is apparently caused mainly by television sets in the district and efforts to eliminate the trouble have been unsuccessful. The question, therefore, of establishing a remote station with reversed frequency working is being investigated. With regard to the Buxton Station, it is again proposed to arrange, if possible, reversed frequency working in order to dispense with the unsatisfactory land line.

The following shows the number of mobile equipments operating under the respective fixed stations at the present time :—

<i>Controlling Base Station</i>	<i>Sub-Station</i>	<i>Number of Mobile Equipments</i>
Buxton .. ..	.. ..	7
	<i>Bakewell</i>	3
	<i>New Mills</i>	2
	<i>Glossop</i>	2
Chesterfield .. ..	.. ..	9
	<i>Bolsover</i>	2
Mickleover .. ..	.. ..	8
	<i>Ashbourne</i>	2
	<i>Ilkeston</i>	3
	<i>Long Eaton</i>	2
	<i>Swadlincote</i>	3
Ripley .. ..	.. ..	6
	<i>Heanor</i>	2
	<i>Matlock</i>	3
	Total ..	54

The policy of the County Council has been to equip with radio-telephony only those ambulances (including light ambulances) which are fitted with the 12-volt electrical system. As and when the older models, which are equipped with the 6-volt electrical system, are passed out of service, consideration is given to the new replacement vehicles being brought into the scheme.

Whilst radio-telephony cannot be categorically assessed from the financial stand-point, it has undoubtedly improved the efficiency of the Service.

Personnel.

Safe Driving Awards.

The Council has pursued its policy whereby all drivers are entered during the year for the Safe Driving Competition of the Royal Society for the Prevention of Accidents. The following table shows the results of the 1957 competition, together with those of the previous five years :—

<i>Year</i>	<i>Entered</i>	<i>Not eligible</i>	<i>Disqualified</i>	<i>Diploma</i>	<i>5 year medal</i>	<i>Bar to 5 year medal</i>	<i>10 year medal</i>	<i>Bar to 10 year medal</i>	<i>15 year Brooch</i>	<i>Bar to 15 year Brooch</i>	<i>Exemptions</i>
1952 ..	127	4	21	92	3	2	—	3	—	—	2
1953 ..	120	6	24	65	16	3	—	1	1	—	4
1954 ..	114	3	29	53	11	15	—	2	—	—	1
1955 ..	121	2	20	64	10	22	—	2	—	1	—
1956 ..	185	5	31	110	7	29	—	1	—	2	—
1957 ..	171	7	44	76	3	28	1	1	1	2	8

The total number of accidents during the year was 165 compared with 160 for 1956. The definition of “accident,” as laid down by the Royal Society for the Prevention of Accidents, has been strictly applied; all accidents, therefore, no matter how trivial in which Ambulance Service vehicles are involved, whether on the public highway or not, are reported and investigated and where necessary advice is given to the drivers concerned. Drivers who are held to be blameworthy to any degree are disqualified from the Safe Driving Competition.

A review of the accidents during the year again reveals that the majority were of a minor nature. In all instances where accidents are attributable to carelessness or negligence on the part of our driver, appropriate disciplinary action is taken.

Establishment.

The following table shows the authorised establishment of ambulance personnel :—

TABLE XXV

<i>Ambulance Station</i>	<i>Station Superintendents</i>	<i>Shift Leaders</i>	<i>Driver/ Attendants</i>	<i>Female Clerks</i>
Ashbourne ..	1	—	6	—
Bolsover	1	—	10	—
Buxton	1	4	24	—
Bakewell	1	—	7	—
Chesterfield ..	1	4	29	1
Glossop	1	—	7	—
Heanor	1	—	6	—
Ilkeston	1	—	8	—
Long Eaton ..	1	—	8	—
Matlock	1	—	8	—
Mickleover	1	4	24	—
New Mills	1	—	6	—
Ripley	1	4	28	—
Swadlincote ..	1	—	6	—
Totals ..	14	16	177	1

Vehicles.

During the year the following new replacement vehicles were ordered :— Four Bedford/Lomas Light Ambulances on the CA Chassis.

The following vehicles were operated on the 31st December, 1957 :—

TABLE XXVI

<i>Location</i>	<i>Number of Ambulances</i>	<i>Number of Light Ambulances</i>	<i>Number of Cars</i>
Ashbourne	2	1	—
Bakewell	3	1	1
Bolsover	3	1	—
Buxton	6	2	1
Chesterfield ..	7	2	—
Glossop	2	1	1
Heanor	3	—	1
Ilkeston	3	1	—
Long Eaton ..	3	1	1
Matlock	3	1	—
Mickleover	6	1	2
New Mills	3	—	—
Ripley	7	1	2
Swadlincote ..	2	1	1
Pool	5	—	—
Totals ..	58	14	10

The following Table shows the number of patients conveyed and the mileages covered by Ambulances, Light Ambulances and Sitting Case Cars during the year.

	Cars			Light Ambulances			Ambulances			Totals		
	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage
1957												
January ..	35	2,124	20,270	45	1,538	13,518	939	13,640	100,895	1,019	17,302	134,683
February ..	35	2,089	18,766	38	1,300	12,524	807	12,131	86,522	880	15,520	117,812
March ..	34	1,965	18,377	34	2,078	17,995	1,030	11,932	91,246	1,098	15,975	127,618
April ..	35	1,660	14,043	52	2,472	22,290	965	11,269	88,503	1,052	15,401	124,836
May ..	27	1,752	14,655	46	2,908	25,754	954	12,970	98,212	1,027	17,630	138,621
June ..	41	1,289	12,586	52	2,851	24,948	1,038	10,619	84,826	1,131	14,759	122,360
July ..	26	1,912	18,527	70	3,361	27,632	877	12,180	90,669	973	17,453	136,828
August ..	21	1,353	14,146	67	2,748	24,792	975	11,211	87,601	1,063	15,312	126,539
September ..	22	1,484	13,817	78	2,471	23,129	995	11,328	89,247	1,095	15,283	126,193
October ..	12	1,590	14,608	50	3,026	24,702	974	11,726	90,125	1,036	16,342	129,435
November ..	9	1,392	13,600	64	2,867	25,063	859	11,821	90,009	932	16,081	128,672
December ..	18	1,137	11,970	71	2,725	23,733	918	11,102	86,805	1,007	14,964	122,508
Totals	315	19,747	185,365	667	30,345	266,080	11,331	141,929	1,084,660	12,313	192,022	1,536,105

Equipment.

During the year the Council purchased a new type of resuscitator for dealing particularly with those cases where natural breathing is weak or has ceased, as may be the case with electric shock, asphyxiation by smoke, drowning, etc. This type of resuscitator enables artificial respiration to be carried out automatically by the equipment whilst the patient is being carried.

Legislation.

On the 17th July, 1957, the National Health Service (Amendment) Act, 1957, came into force. This act which relates specifically to the Ambulance Service is quoted below :—

Section 1—

- (1) A local health authority who, for the purpose of carrying out their duty under section twenty-seven of the National Health Service Act, 1946, are themselves providing ambulances and other means of transport without charge, shall have power to make them available, for reward, for the purpose of conveying persons suffering from illness within the meaning of that Act from places in the area of the local health authority to places in or outside their area, in circumstances in which they are not, by virtue of subsection (1) of the said section twenty-seven under a duty so to do.
- (2) For the purposes of Part IV of the Road Traffic Act, 1930, as amended by any subsequent enactment, a motor vehicle used in pursuance of the foregoing subsection for the purpose therein mentioned shall not be treated as carrying passengers for hire or reward.

The Ministry of Health on the 30th July, 1957, made certain observations on the Act in circular 12/57, for guidance of the Local Health Authorities.

The Act empowers Local Health Authorities to make their ambulances available for use, on repayment, for the conveyance of persons suffering from illness in circumstances in which authorities have not already the duty to do so under Section 27 of the National Health Service Act 1946. For example, it gives Local Health Authorities power to provide ambulances to stand by at sports meetings and other large public gatherings, to deal with possible casualties and to charge the promoters of the Meetings for the provision of this service. This implements one of the recommendations of the Guillebaud Committee of Enquiry into the cost of the National Health Service, who considered that Local Health Authorities should be able to levy a charge under such circumstances.

Local Health Authorities are also empowered to enter into arrangements with industrial undertakings who are required by Statute to provide ambulance facilities for their employees, under which the Authority would carry out the obligation of the undertaking in this respect on an agency basis and subject to repayment. In this connection, whilst the responsibility for making arrangements to provide

ambulance facilities for their employees continues to rest on the industrial undertaking, it becomes the Local Health Authority's duty under Section 27 to provide any necessary extra ambulances, free of charge, if an occasion arises when the number of casualties occurring at the undertaking is greater than can be moved by the ambulances which are available under the regular arrangements.

The Act does not impose on a Local Health Authority any duty to make their ambulances available for public gatherings or to industrial undertakings nor does it give them power to provide extra vehicles for this purpose. The decision as to whether an ambulance can and should be made available under the new Act in a particular case is entirely within their discretion. Nothing should be done, however, under the new powers which would impair the standard of the service under Section 27 of the 1946 Act.

The County Council considered this matter and decided not to implement their powers under the new Act.

The following Table shows the development of the service since July, 1948 :—

TABLE XXVIII

Month	Average Daily Mileage									
	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
January	—	2,676	3,560	4,100	3,901	4,234	4,193	4,223	4,328	4,344
February	—	3,021	3,556	4,115	3,929	4,316	4,348	4,460	4,583	4,207
March	—	3,297	3,716	4,132	3,874	4,390	4,571	4,498	4,525	4,114
April	—	2,999	3,440	4,091	3,856	4,174	4,319	4,342	4,349	4,161
May	—	2,973	3,900	4,135	4,129	4,167	4,450	4,527	4,330	4,471
June	—	3,018	4,039	4,356	3,710	4,215	4,376	4,534	4,247	4,078
July	1,717	3,204	3,890	4,262	4,113	4,401	4,363	4,454	4,196	4,414
August	1,888	3,346	3,639	3,895	3,792	4,044	4,071	4,441	4,012	4,082
September .. .	2,143	3,496	3,669	3,716	4,122	4,492	4,333	4,649	4,137	4,207
October	2,328	3,453	3,901	3,890	4,203	4,557	4,316	4,455	4,442	4,175
November .. .	2,791	3,547	4,081	3,906	4,018	4,549	4,448	4,565	4,382	4,289
December .. .	2,674	3,257	3,743	3,554	3,946	4,050	4,183	4,186	3,831	3,952

The following Table shows the average number of miles travelled per patient since the 5th July, 1948 :—

Year	Miles
1948	14.3
1949	13.3
1950	11.8
1951	11.0
1952	9.3
1953	8.7
1954	8.4
1955	8.2
1956	7.8
1957	8.0

During the year the total number of patients conveyed compared with 1956 showed a decrease of 3.84% whilst there was a decrease in the mileage of 1.92%. It does not necessarily follow that the percentage

decrease in the number of patients carried should be the same as the percentage decrease in the mileage covered, as the vehicles might be travelling with a similar frequency over the much same routes but with less patients. It is interesting to note that the average number of miles travelled per patient for the year under review is 8.0 compared with the average of 6.7 miles for the fourteen more urbanised Counties in England and Wales.

While some areas of the County are served largely by one hospital centre, there are others served by several, for example, Chaddesden will be served largely by Derby ; but Alfreton is served by Mansfield, Chesterfield, Ripley, Belper, Nottingham and Derby, and Bolsover by Sheffield, Chesterfield, Mansfield and Worksop. In the case of the latter the Ambulance Service may be involved in conveying specially a comparatively small number of patients as the journeys will take place in different directions. The geography of the County and the location of the hospitals are such that this is apt to occur and may be one of several factors explaining why the cost per thousand of the population is above the average while the cost per mile is below the average of the Counties in England and Wales. It has to be remembered that the demands on the service are increasing but the provision of radio control and closer liaison between neighbouring Local Health Authorities and hospitals may be contributing to a reduction of the average number of miles per patient.

PREVENTION OF ILLNESS — CARE AND AFTER CARE (Section 28)

The County Council as a Local Health Authority may, with the approval of the Minister of Health, make arrangements for the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons. The powers, under this section, therefore, extend over a wide field, and are inter-related with the general practitioner and hospital and specialist services provided respectively under parts II and IV of the National Health Service Act, as well as the many other enactments administered by the County Council and the District Councils. A close liaison is maintained with the appropriate hospitals, the County Welfare Officer as well as Medical Officers of Health of Sanitary Districts in carrying out the manifold powers and duties which constitute modern social medicine. For example, when a patient requires admission to hospital, particularly if it is for a long stay, a report is requested from a Health Visitor to help the Hospital staff to determine the priority for admission, the County Welfare Officer is informed, in appropriate cases, as he has duties under the National Assistance Act for safeguarding a person's effects while he is in hospital ; the Children's Officer is informed where help is required in arranging for the care of children ; while the Home Nurse, the Home Help and the Health Visitor, are contacted in suitable cases as their assistance may facilitate the early return of the patient to his home.

All the Home Nurses are provided with a stock of sick room equipment, which is thus readily available for loan to patients when nursed in their own homes. Special bedsteads, mattresses, commodes, and wheel chairs (both self-propelled and push types) are also loaned on a temporary basis. Special walking aids are provided to help cripples, usually children, to learn or re-learn to walk. All these articles are loaned free of charge. The Council's service is becoming more widely known and further stocks of all these articles are purchased from time to time to meet the increasing demand.

In addition, the Council has for a number of years made a grant to the British Red Cross Society, in consideration of the assistance provided through their Medical Loan Scheme to Derbyshire residents.

In the event of a person suffering from a permanent or semi-permanent disability, wheel chairs of various kinds, including those that are motor propelled, may be provided through the Hospital and Specialist Service.

Blindness and Partially-Sightedness.

The County Council is responsible for the welfare of the Blind and Partially Sighted, and the service is under the direct control of the County Welfare Committee.

All applicants for registration as Blind or Partially Sighted Persons are required to be medically examined, and for some years a standard form of medical report and certificate (Form B.D.8), which was introduced by the Ministry of Health, has been in general use throughout the country. Wherever possible Ophthalmologists of Consultant Status are asked to examine applicants and complete the Form. As these Forms contain medical information which is of a confidential nature, the examinations are arranged through the County Health Department. With the written consent of the person concerned, particulars on broad lines are transmitted to the County Welfare Officer for registration, classification, and follow-up purposes.

During the year 249 Forms B.D.8. were received in respect of new applicants for registration ; of this number 214 were registered Blind or Partially Sighted, and thirty-five were certified Not Blind or Partially Sighted. In a number of instances persons are re-examined at intervals of time or when treatment has been carried out ; seventy-six such examinations were arranged and further Forms B.D.8 completed.

Analysis of the re-examinations reveal the following information:—

Category	Blind remaining Blind	..	..	..	..	10
„	Partially Sighted remaining Partially Sighted	..	..	..	..	23
„	Partially Sighted to Blind..	..	..	..	..	17
„	Blind to Partially Sighted..	..	..	..	..	1
„	Blind to Not Blind	..	..	..	..	11
„	Not Blind to Blind	..	..	..	..	5
„	Not Blind to Partially Sighted	..	..	..	..	1
„	Partially Sighted to Not Blind	..	..	..	..	5
„	Not Blind remaining Not Blind	..	..	..	..	3

In the following table the newly registered Blind and Partially Sighted Persons are classified on broad lines and the number of persons recommended (a) no treatment, and (b) treatment, are indicated, together with the number which on "follow-up" action, have received treatment :—

TABLE XXIX

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
(i) Number of cases registered during the year in respect of which Section F of forms B.D.8 recommends :—					
(a) No Treatment ..	24	2	—	51	77
(b) Treatment (Medical, Surgical, or Optical) ..	90	11	—	42	143
(ii) Number of cases in (i) (b) above which on follow-up action have received treatment ..	34	4	—	19	57

B. OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year	5
(ii) Number of cases in which	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year	—

The Ministry has asked that particular reference should be made to cataract and glaucoma in old people and retrolental fibroplasia in premature infants.

Statistics with regard to cataract and glaucoma prior to 1953 are not readily available, but the following table shows the number of persons suffering from these diseases who were registered as Blind or Partially Sighted in the years 1953 to 1957, which clearly indicates that these diseases are more prevalent in the upper age groups.

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TABLE XXX

		Under 50	50-60	60-70	70-	Total
Cataract	1953	14	5	32	126	177
	1954	10	9	22	145	186
	1955	1	5	19	110	135
	1956	4	6	18	94	122
	1957	2	3	10	99	114
Glaucoma	1953	1	1	7	11	20
	1954	-	3	3	8	14
	1955	1	1	5	14	21
	1956	1	2	5	23	31
	1957	1	-	1	11	13

It is pleasing to see that the number of persons registered as Blind or Partially Sighted, due to cataract, is decreasing. Two factors may play a part in this decrease, namely: (1) possibly people are seeking medical advice and treatment earlier than formerly, and (2) surgical treatment may now be carried out at an earlier stage in the development of the condition than was the case in the past. However it would seem that there is a natural reluctance for the elderly to undergo operative treatment.

With regard to retrolental fibroplasia, this is a condition which it has been suggested may be due to an excessive amount of oxygen being administered in cases of prematurity, which, most unfortunately results in Blindness. In this county the incidence has been small, only six cases having been reported, three in 1952, two in 1955, one in 1956 and none in 1957.

The following table shows the incidence of Blindness in age groups from 1943 to 1957. It will be seen that generally speaking Blindness is an affliction of the more elderly and is much more prevalent in the females over sixty-five years of age than in the males of the corresponding age group. It must be realised, however, that women on the whole live longer than men. In fact 1957 shows a reduction in the number of males registered, with an increase in the females, the net result being a decrease of eleven cases.

TABLE XXXI
INCIDENCE OF BLINDNESS IN AGE GROUPS FROM 1943 TO 1956

Year ended 31st Dec.	Under 5			Aged 5 to 16			Aged 17 to 64			Aged 65 and over			All Ages		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1943	2	1	3	8	7	15	270	212	482	269	332	601	549	552	1,101
1944	2	1	3	9	5	14	267	194	461	282	326	608	560	526	1,086
1945	1	-	1	9	4	13	278	194	472	255	298	553	543	496	1,039
1946	1	-	1	11	7	18	258	158	416	259	322	581	529	487	1,016
1947	3	-	3	11	7	18	254	163	417	242	304	546	510	474	984
1948	3	1	4	10	7	17	256	169	425	234	293	527	503	470	973
1949	4	1	5	12	4	16	227	167	394	266	321	587	509	493	1,002
50	4	4	8	16	5	21	226	181	407	295	377	672	541	567	1,108
51	3	2	5	15	6	21	233	187	420	305	401	706	556	596	1,152
52	3	1	4	16	7	23	239	204	443	331	422	753	589	634	1,223
53	3	2	5	18	6	24	235	203	438	349	470	819	605	681	1,286
54	4	4	8	21	4	25	238	202	440	360	546	906	623	756	1,379
55	5	4	9	19	6	25	233	208	441	373	578	951	630	796	1,426
56	5	6	11	18	5	23	252	212	464	379	631	1010	654	854	1,508
57	2	4	6	17	9	26	243	207	450	364	647	1011	626	867	1,493

Mass Radiography.

The Regional Hospital Boards provide the Mass Radiography service, and whilst there is not a Unit based in the County, nevertheless the following four Mobile Mass Miniature Radiography Units operate in Derbyshire from time to time :—

Sheffield Regional Hospital Board.

Nottingham Area No. 2 Unit, based on Nottingham.

South Yorkshire Area Unit, based on Doncaster.

Sheffield Area Unit, based on Sheffield.

Manchester Regional Hospital Board.

Unit No. 3, based on Stockport.

In addition there are static Units in Nottingham and Sheffield to which cases may be referred.

Close liaison has been established between the Medical Directors of the Units, District Medical Officers and my department. This is particularly the case when the Units carry out specific investigations with a view to tracing sources of infections e.g., in schools.

The Nottingham area No. 2 Unit, carried out nine surveys in Derbyshire during the year, the South Yorkshire Unit 7, and the Sheffield Unit, operated from three centres in the County. No surveys were carried out in Derbyshire by the Stockport Unit, although it operated in the vicinity of the County boundary.

Mass Radiography continues to play an important part in the diagnosis of chest diseases. The Ministry of Health in Circular H.M. (57) 94, which deals with the development of the Mass Miniature Radiography Service, points out that more than twenty per cent of new cases of tuberculosis are discovered by this means.

Whilst the new number of cases detected in sessions in factories and other places of employment has diminished, there is a tendency for units to become static for some part of most of the year in order to provide an x-ray service for general practitioners' cases, contacts, National Service entrants and also Nurses, School Teachers, and other workers in contact with children, as well as to provide open sessions for the general public.

It is felt that Mass Radiography surveys of the same population should not be repeated more frequently than at three-yearly intervals. It is further pointed out that Chest Radiography of school children yields a very poor return and is justified only as part of a special survey of a school where active cases have occurred in pupils or staff. This latter procedure is adopted wherever possible in the County.

The circular suggests that changes in the service may take place due to technical developments and that new types of apparatus which give promise of being suitable for this type of work are being installed in certain general hospitals where large scale use is practicable.

While static Miniature Radiography Units do not readily bring facilities to rural areas, the possibility of meeting the needs of these areas might be made by the use of a new type of light unit paying frequent visits at regular intervals to appropriate localities.

Occupational Therapy for Patients suffering from Tuberculosis.

By agreement with the County Welfare Committee the Craft Instructors of the Welfare Department give instruction to tuberculosis patients on the recommendation of a Chest Physician. The County Health Committee has agreed to accept financial responsibility for the appropriate portion of the salaries and travelling expenses of the Craft Instructors.

National Association for the Prevention of Tuberculosis.

The County Council has for some years made an annual grant to this Association. It is a voluntary body which has been in existence for some fifty-nine years and has done great work in the campaign against the disease.

Village Settlements.

The demand in this County for accommodation in these Settlements continues to be small. On the 31st December, 1957, there were three male patients in Sherwood Village Settlement, one of whom was given the tenancy of a house in the settlement during the year ; and one female patient in Papworth Village Settlement.

Chest Clinics.

This branch of the service is under the control of the Regional Hospital Boards, the Chest Physicians being officers of the Boards. Never-the-less the County Council pays a proportion of their salaries in respect of the Care and After Care work undertaken by these Officers.

During the year the Sheffield Regional Hospital Board re-arranged the medical supervision of three of the Chest Clinics, particulars of which are as follows :—

Matlock (held at the Whitworth Hospital). Dr. T. A. Blyton the Consultant Chest Physician based on Chesterfield assumed control of the Clinic with effect from the 2nd September, 1957, in place of Drs. H. M. Brown and G. Wild, the session being held on Thursdays from 1.30 p.m. to 3.30 p.m., instead of Tuesdays.

Ilkeston (held at the County Council Clinic, Albert Street). Drs. F. H. W. Tozer and J. B. Whittaker of the Chest Centre, Nottingham, took over the running of this Clinic from the 2nd September, 1957, in place of Drs. H. M. Brown and G. Wild. This Clinic is open on Thursdays from 9.30 a.m. to 12.30 p.m. and 2.0 pm. to 4.0 p.m., instead of Wednesdays.

Burton-on-Trent (held at 39 Milton Street). This Clinic is the responsibility of the Birmingham Regional Hospital Board, and was under the control of Dr. M. B. Paul, a Consultant Chest Physician, but Dr. G. Wild, attended the Clinic on Monday mornings when it was opened for Derbyshire residents. This was an arrangement which had been in operation before the coming into force of the National Health Service. However Dr. Paul took over the Monday morning session and by agreement with the Birmingham Regional Hospital Board he also carries out the Care and After Care Work in the part of Derbyshire covered by the Clinic.

Smoking and Lung Cancer.

On 27th June, 1957, the Ministry of Health issued to Local Health Authorities, Circular 7/57 enclosing a copy of a statement which had been made on that day in Parliament by the Minister of Health on the subject of smoking and cancer of the lung in the light of a special report of the Medical Research Council, a copy of which was also enclosed. The Circular stated :—

“The Medical Research Council have concluded that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past twenty-five years is that a major part of it is caused by smoking tobacco, particularly heavy cigarette smoking. It is the Government’s intention that this opinion should be brought effectively to public notice, so that everyone may know the risks involved in smoking. Your Council is accordingly requested to take appropriate steps to this end. What is wanted is that the risks should be made known so that the individual who smokes can then make up his or her own mind.”

The County Health Committee decided that information on this matter should be disseminated, and that a copy of Circular 7/57 and the enclosures be sent to each Member of the County Council. Posters have been obtained for display in the Clinics. A copy of the statement made by the Minister was sent to the Chief Constable for the County suggesting that he might consider whether it was desirable to see that particular attention was paid to the observance of the regulations prohibiting the sale of tobacco to children under sixteen years old. He replied that this was in fact already being done.

A letter was sent to the Director of Education, suggesting that information be given in schools, and particularly at technical colleges. The Ministry of Education sent to Local Education Authorities, Training Colleges, University Departments of Education, Direct Grant and Independent Schools and Technical Colleges, and National Voluntary Youth Organisations, a copy of the Minister of Health’s statement, and pointed out that the Ministry of Education’s Handbook on Health Education would be brought up to date, when re-printed, in the light of the report of the M.R.C., and that in the interim, copies of the statement would be inserted in unsold copies of the present edition. A note on this matter has been included by the Director of Education in the Monthly Circular to Schools (March 1958), where it was pointed out that it is obviously not sensible to encourage smoking among children. It was appreciated, however, that there could be no real

success without parental co-operation, and it was suggested it might be wise to discuss the matter from time to time at Parent/Teacher meetings.

This is a subject which has received a considerable amount of publicity in various ways and I think generally the public are aware of the Government's views on the matter.

Undoubtedly there has been a marked increase in the number of deaths from a malignant neoplasm of the lung or bronchus in recent years. It may be that the provision of better diagnostic facilities have affected the figures to some extent, but as I remarked last year, I think the inspiration of an increasing amount of impurity from the inefficient burning of fuel in the home or factory, from gaseous or particulate matter emitted during industrial processes, and from the smoking of tobacco, may well be contributory causes ; it must be conceded, however, that more research is required before dogmatic statements can be made on their evaluation as causative factors.

“Problem Families.”

The question of problem families and children who are neglected or ill-treated in their own homes was referred to at some length in my last Annual Report.

One aspect of the matter which was mentioned was the possibility of using the services of specially selected “home helps” to work with the mother and teach her housecraft.

It had been suggested that consideration be given for making an additional payment for this work, but after the Clerk had been in touch with the East Midlands Provincial Council (Manual Workers) it was discovered that certain other authorities in the Region thought attendance on problem families should be regarded as part of a Home Help's duties. It is understood that the matter is now being considered by the National Joint Council.

In the meantime the Health Committee decided, apart altogether from paying a plus rate for attendance on problem families, to expand the Home Help Service during the next financial year. An increased amount of money has been recommended for inclusion in the Estimates and approval obtained for the appointment of two Area Home Help Organisers to assist the County Home Help Organiser. As this service develops the feasibility of assisting in dealing with “problem families” will be borne in mind.

The County Health Committee also decided that the Housing Authorities throughout the County be informed of the various facilities available to help problem families, and that they be asked to inform the Clerk of the County Council of any such families who were likely to be evicted from Council houses, where there was any possibility that help might be provided by appropriate Departments of the County Council.

HOME HELP SERVICE

(Section 29)

General Administrative Arrangements.

As a general rule the service has operated on similar lines to the previous year, but as more Home Helps have been available it has been possible to review many cases at the end of the first few weeks and then at quarterly intervals.

If reference is made to the "Progress" table it can be seen that an increased number of cases have received help this year, i.e., 1,279 as compared with 1,122 in 1956 and 870 in 1955.

Availability of Service.

Particulars of the service are obtainable from the local Health Visitor (a map and names, telephone numbers and addresses of Health Visitors are given on page 27 of the County Council's Health Services Handbook), local County Council Clinic or Centre (these are listed under "Districts Separately" in the Handbook commencing on page 105), or from the County Medical Officer of Health, County Offices, Matlock (Telephone number Matlock 3411).

The service is available in various cases, of which the following are examples :—

- (a) Maternity.
- (b) Where a housewife falls sick or must have an operation.
- (c) Where a wife is suddenly called away to visit her husband in hospital and arrangements have to be made to look after the children.
- (d) Where elderly people are infirm, or one of whom suddenly falls ill.
- (e) Where several members of a household are ill at the same time.
- (f) Where a doctor requests that a Home Help is necessary to help with a premature infant.
- (g) Tuberculosis.

The last named presents particular difficulties in spite of the fact that Home Helps attending cases of tuberculosis are paid an additional wage of 2d. per hour ; whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel.

The following recommendations of a committee of medical officers of Local Health Authorities and Chest Physicians of wide experience working in the area of the Manchester Regional Hospital Board are regarded as being most useful in dealing with this difficult problem:—

- (1) All Home Helps employed in a household where there is an infectious case of tuberculosis should be over forty years of age, and should not have young children of their own.

- (2) Home Helps for this work could be drawn from three groups :
- (a) Tuberculous women with arrested disease, recommended by the Chest Physician as suitable for the work.
 - (b) Close relatives of the patient who are already family contacts. In this connection the County Health Committee has laid down certain conditions. It is suggested that where family contacts are employed the age limit may be lowered to thirty years in suitable cases.
 - (c) Ordinary domestic helps may be employed subject to the safeguards set out under (1) above, i.e. that they are over forty years of age and do not have young children of their own.
- (3) The precautions against infection will vary according to the type of persons employed. Home Helps with arrested tuberculosis (group 2 (a) above) would, of course, be acquainted with anti-tuberculosis measures and would be under regular supervision by a Chest Physician. Family contacts (group 2 (b) above) would also be under the close examination and supervision of the Chest Physician.

Ordinary Home Helps (group 2 (c)) should be radiographed on appointment and subsequently at six monthly intervals.

It is desirable to transfer the Helps at intervals to other types of cases, so as not to use them exclusively for tuberculosis households.

- (4) Home Helps should receive instruction in anti-tuberculosis measures, and this is carried out by the Chest Physician who certifies the Help as suitable for such employment.
- (5) No Home Help should undertake nursing duties, and the use of masks and gloves is not recommended.
- (6) It is necessary to obtain the consent of the patient to the disclosure to the Home Help of the nature of the problem, and the Help should only undertake the work as a volunteer.

Conditions for Home Helps.

The present hourly rate for Home Helps is 3/- per hour. Travelling expenses together with travelling time in excess of forty minutes each day at the normal rate of pay is also paid.

Progress.

The progress of the service during the last three years can be seen from the following table :—

	1955	1956	1957
Home Helps employed ..	108	118	151
Cases served	870	1,122	1,279
Home Help Organisers employed	1	2	2

Employment of Relatives.

There are cases which arise from time to time when the only person able to take on the duties of a Home Help is a relative of the patient. As a safeguard in such cases the County Health Committee has made a rule that a relative may be employed only on the authorisation of the Chairman and the Vice-Chairman. A condition of approval is that there is no other suitable Home Help available within reasonable travelling distance, who is willing to undertake the case, and that the Health Visitor for the area should recommend the number of hours to be worked, which in any case should not exceed forty-four per week.

Rules of Assessment.

Recovery of the cost (or part of the cost) of providing Home Helps, is made in accordance with a suitable scale of assessment.

MENTAL HEALTH SERVICE

(Sections 28 and 51 of the National Health Service Act, 1946.)

I have received the following report from Dr. Margaret Fynne, the Senior Medical Officer for Mental Health :—

“This year has been one of change in the Mental Health Service. In July, 1957 regular monthly meetings of the Mental Health Sub-Committee were started. It was then decided to have better liaison with the Mental Deficiency and Mental Treatment Hospitals and ourselves, and that we should co-opt the Medical Superintendents of these Hospitals in Derbyshire on to the Mental Health Sub-Committee so that we could have the benefit of their advice and guidance. The Sheffield Regional Hospital Board gave their consent for their Medical Superintendents to attend.

In July, 1957 it was also decided to recommend to the County Council that the Duly Authorised Officers, who were shared by the County Welfare Committee to perform Welfare duties, should no longer carry out these dual duties and it was recommended to the Council that in future separate Officers (designated as Mental Health Officers) should be appointed to the Mental Health Service. These Officers were to combine the duties laid down by law under the Mental Deficiency and Lunacy and Mental Treatment Acts, thus giving a comprehensive service to the community as a whole under the one Officer.

Salaries and Establishment Committee recommended that for the year commencing 1st April, 1958 nine Mental Health Officers should be employed. Four Craft Instructors were also added to the establishment in order that some craft instruction could be provided for the mental defectives in their homes or in group classes, and also for the after-care treatment to discharged patients from the Mental Deficiency and Mental Treatment Hospitals. Salaries and Establishment also agreed to add to the establishment one Senior

Assistant Medical Officer for Mental Health. An additional Assistant Supervisor was also added to the establishment for the Chesterfield Training Centre.

There are three full-time Training Centres (held in rented premises at Chesterfield, Ilkeston and Spondon), and three part-time Training Centres (these are conducted in County Clinics at Buxton, Chinley and Matlock).

On the 24th April, 1957, our first permanent Training Centre was started at Ilkeston. The general contractor was Messrs. Vic Hallam (Contractors) Ltd. The building cost £19,000 and the furniture cost £1,700. This building was nearly completed by the end of 1957, and there are places provided for sixty children. It is a most modern building and should prove a great asset to the community in and around Ilkeston.

Ministerial approval has also been granted for the building of a similar Centre in Chesterfield, to take sixty-eight children.

This year can be regarded as a period of change and progress in the Mental Health field. The Royal Commission Report relating to the Law of Mental Illness and Mental Deficiency was published in May, 1957, and we were already engaged in a development programme which was in line with that recommended in the report. It is true that we have as yet no comprehensive plans for community care for people who do not require hospital in-patient treatment or training, this is something which will have to be left for the moment until guidance is received from the Minister of Health."

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

As in previous years, cordial relations and close co-operation have been maintained with the various Regional Hospital Boards and Hospital Management Committees. Mental Health Social Workers have continued to visit mental defectives on licence or on holiday leave from Institutions. Periodical progress reports are forwarded to the Medical Superintendents concerned. Where necessary, suitable places of work are found by Social Workers for a number of the cases on licence from Institutions. A number of patients after working satisfactorily on licence for about one year are released from Order but still remain under voluntary supervision by the Social Workers.

Under the National Health Service Act, the responsibility for patients on licence or on holiday leave from institutions rests with the various Hospital Management Committees, but since many institutions do not employ their own Social Workers, arrangements are made with the Medical Superintendents of Mental Deficiency Hospitals to have the work done by officers of the Local Health Authority. Also on behalf of the Management Committees of the various Mental Hospitals, arrangements have been made for the Duly Authorised Officers to visit the homes of patients due to be allowed

leave of absence on trial under Section 55 of the Lunacy Act, 1890, or about to be boarded out under Section 37, and regular reports are forwarded to the Medical Superintendents.

With the co-operation of Derby No. 3 Hospital Management Committee and the Hospital Management Committees of other Mental Hospitals, arrangements have been made with the County Ambulance Service for trained attendants to be available, where necessary, for the conveyance of patients to those hospitals.

Voluntary Associations.

The National Association for Mental Health.

This Association is of assistance in arranging courses of instruction in mental deficiency which are attended by Medical Officers of the Council with a view to their being approved as Certifying Officers under the Mental Deficiency Acts.

Arrangements have also been made with the Association for different trainees to work at the Chesterfield Training Centre for periods of six weeks as part of the training required for the Diploma in Mental Health granted by the Association.

The Association is also instrumental in arranging temporary accommodation in urgent cases.

The Guardianship Society, Brighton.

Three mental defectives subject to Guardianship Orders live near the South Coast and are under the supervision of the Guardianship Society.

Work undertaken in the Community.

(a) Under Section 28 of the National Health Service Act, 1946.

The work of the Mental Health Social Workers is chiefly concerned with the care and after-care of mental defectives under the Mental Deficiency Acts. 913 cases under statutory supervision and 486 cases under voluntary supervision were visited during 1957 in their homes bi-monthly or quarterly, but more frequent visits are made if required. Much helpful advice is given in regard to the completion of forms for the National Assistance Board, the National Insurance offices and other public departments. A continuous record of each case is kept in the Central Office, compiled from the detailed reports of the Social Workers on their visits.

(b) Under the Lunacy and Mental Treatment Acts, 1890-1930.

During the year 1957, as shown in the following tables, 1,837 patients were admitted to Mental Hospitals and in respect of 524 of these, orders were obtained by Duly Authorised Officers. Also advice

and information were given to patients and relatives in the case of a number of patients admitted voluntarily under the Mental Treatment Acts. It is noteworthy that 72% of the cases admitted to Mental Hospitals during the year were admitted voluntarily without the stigma of certification, and it is encouraging that more and more people are realising that mental illness is similar to many other illnesses in that early treatment can bring about complete recovery.

During the period 1st January 1957 to 31st December, 1957, the following numbers of patients were admitted to Mental Hospitals :—

TABLE XXXII

	<i>Males</i>	<i>Females</i>	<i>Total</i>
The Pastures Hospital, Mickleover	623	690	1,313
Scarsdale Hospital, Chesterfield	54	53	107
Kingsway Hospital Derby	76	168	244
Ollerset View Hospital, New Mills	—	2	2
Parkside Mental Hospital, Macclesfield	1	38	39
Andressey Hospital, Burton-on-Trent	1	4	5
Mapperley Hospital, Nottingham	13	17	30
St. Thomas' Hospital, Stockport	4	9	13
Middlewood Mental Hospital, Sheffield	15	18	33
St. Matthews Hospital, Burntwood, Lichfield	35	10	45
Saxondale Hospital, Nottingham	2	—	2
Bootham Park Hospital, York	—	1	1
St. Francis Hospital, Haywards Heath	—	1	1
Menston Hospital, Leeds	1	—	1
Townleys Hospital, Farnworth	1	—	1
	<u>826</u>	<u>1,011</u>	<u>1,837</u>

These patients were admitted in the circumstances set out in the following table :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
<i>Lunacy Act, 1890.</i>			
Urgency Orders (Sec. 11)	1	—	1
Summary Reception Orders (Sec. 16)	80	108	188
Duly Authorised Officer's 3-day Orders (Sec. 20)	65	55	120
Justices' 14-day Orders (Sec. 21)	81	120	201
<i>Mental Treatment Act, 1930.</i>			
Temporary Patients (Sec. 5)	2	12	14
Voluntary Patients	597	716	1,313
	<u>826</u>	<u>1,011</u>	<u>1,837</u>

(c) *Under the Mental Deficiency Acts, 1913-1938.*

Guardianship.

The cases under Guardianship Orders are visited by a Medical Officer with a special experience in mental deficiency as well as regularly by Social Workers.

Admissions to Hospitals for Mental Defectives.

The following table shows the number of patients admitted to Hospitals for Mental Defectives during the year 1957 :—

TABLE XXXIII

<i>Under age 16</i>		<i>Over age 16</i>		<i>Total</i>		<i>Total cases</i>
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
16	7	18	27	34	34	68

Cases urgently awaiting admission to Hospitals for Mental Defectives, 31st December, 1957.

TABLE XXXIV

<i>Area</i>	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>		
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Manchester Regional Hospital Board area (Population 69,000)	6	3	1	3	7	6	13
Sheffield Regional Hospital Board Area .. (Population 648,900)	25	20	16	24	41	44	85
Whole County	31	23	17	27	48	50	98

The urgent waiting list has been as follows during the last few years :—

1952	1953	1954	1955	1956	1957
126	151	177	170	112	98

In addition to these cases on the urgent waiting list there is a number of other mental defectives awaiting admission to Hospitals when beds can be provided by the Regional Hospital Boards. Any of these may become urgent at any time owing to the death or illness of aged parents, etc.

Short Term Stay.

In order to afford some measure of relief to harassed parents of mental defectives awaiting admission to Hospitals, four beds have been reserved by the Sheffield Regional Hospital Board for short-term stay and during the year, sixty-seven cases were admitted for periods of three to eight weeks. This has been greatly appreciated by the parents who have been able to take a holiday or have a rest from the continual care of the defective child.

Cases dealt with during 1957.

The following table gives details of the number of mental defectives reported and dealt with during the year 1957 and also shows the number of mental defectives "ascertained" in the County on the 1st January, 1958 :—

TABLE XXXV
MENTAL DEFICIENCY ACTS, 1913-1938
Name of Local Health Authority : Derbyshire.

	During 1957				Total cases on Authority's registers as at 1st January, 1958			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. <i>Particulars of cases reported during 1957 :—</i>								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with."								
Action taken on reports by:—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	35	19	—	—	—	—	—	—
(2) On leaving special schools	—	—	2	1	—	—	—	—
(3) On leaving ordinary schools	—	1	—	—	—	—	—	—
(ii) Police or by Courts	—	—	9	7	—	—	—	—
(iii) Other Sources	3	4	32	24	—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground.. ..	6	2	13	20	—	—	—	—
(c) Cases reported but not regarded as defectives by 31st December and thus excluded from (a) or (b)	1	2	17	1	—	—	—	—
(d) Cases reported in which action was incomplete at 31st December, 1957 and are thus excluded from (a) or (b)	—	3	4	7	—	—	—	—
Total number of cases reported during the year :—	45	31	77	60	—	—	—	—

	During 1957				Total cases on Authority's registers as at 1st January, 1958			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
2. Disposal of cases.								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Statutory Supervision ..	38	20	33	20	191	141	276	305
(ii) Placed under Guardianship ..	—	—	—	—	—	—	2	2
(iii) Taken to "Places of Safety" ..	—	—	—	—	1	—	—	—
(iv) Admitted to Hospitals ..	—	2	8	12	42	27	240	296
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Voluntary Supervision ..	6	2	13	20	8	4	230	244
(ii) Action unnecessary ..	—	—	—	—	—	—	—	—
(c) Cases reported at 1(a) or (b) above who removed from the area or died before disposal was arranged ..	—	2	2	—	—	—	—	—
Total of item 2 ..	44	26	56	52	242	172	748	847
3. Classification of defectives in the Community on 1.1.58								
(a) Cases included in item 2 (a) (i) to (iii) above in need of Institutional care :—								
(1) In urgent need of hospital care :—								
(i) "cot and chair" cases	—	—	—	—	6	4	1	—
(ii) ambulant low grade cases ..	—	—	—	—	18	17	2	9
(iii) medium grade cases	—	—	—	—	6	2	7	14
(iv) high grade cases ..	—	—	—	—	1	—	7	4
(2) Not in urgent need of hospital care :—								
(i) "cot and chair" cases	—	—	—	—	2	1	—	1
(ii) ambulant low grade cases ..	—	—	—	—	8	8	5	8
(iii) medium grade cases	—	—	—	—	4	2	23	15
(iv) high grade cases ..	—	—	—	—	2	—	3	4
Total of item 3 (a) ..	—	—	—	—	47	34	48	55

	<i>Under age 16</i>		<i>Aged 16 and over</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
3. <i>Classification of defectives in the Community on 1.1.58 (continued)</i>				
(b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) overleaf, number considered suitable for :—				
(i) occupation centre	90	64	15	25
(ii) industrial centre	—	—	72	40
(iii) home training	—	—	4	10
Total of item 3 (b)	90	64	91	75
(c) Of the cases included in item 3 (b) number receiving training on 1.1.58 :—				
(i) in occupation centre (including Voluntary Centres) Full-time ..	55	46	5	11
(ii) in industrial centre	—	—	5	5
(iii) from a home teacher in groups (Part-time Occupation Centres)	6	7	7	9
(iv) from a home teacher at home (not in groups)	—	—	1	1
Total of item 3 (c)	61	53	18	26

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1957, who have ceased to be under any of these forms of care during 1957.

	<i>M.</i>	<i>F.</i>	<i>T.</i>
(a) Ceased to be under care	12	12	24
(b) Died, removed from area, or lost sight of ..	22	35	57
Total	34	47	81

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1957			1
	<i>Males</i>	<i>Females</i>	
(b) Number who have married during 1957 ..	3	8	

6. Number of mental defectives for whom short term care was arranged by the local health authority during 1957 and admitted to National Health Service Hospitals :—

<i>Under age 16</i>		<i>Age 16 and over</i>	
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
25	19	6	17

NATIONAL HEALTH SERVICE ACT, 1946

LOCAL HEALTH SERVICES

PART I.

RETURN RELATING TO SERVICES PROVIDED BY OR ON
BEHALF OF THE COUNCIL AS LOCAL HEALTH AUTHORITY
AND OF THE WORK DONE DURING THE YEAR 1957

1. Births.

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936, or Section 255 of the Public Health (London) Act, 1936, and the number as adjusted by any notifications transferred in or out of the area :—

(1)	Live Births		Stillbirths		Totals	
	Actual (2)	Adjusted (3)	Actual (4)	Adjusted (5)	Actual (6)	Adjusted (7)
(a) Domiciliary ..	4,754	4,748	68	66	4,822	4,814
(b) Institutional ..	5,058	6,192	111	206	5,169	6,398

2. Ante-Natal and Post-Natal Clinics.

NOTES : A list giving the names and addresses of any clinics (a) discontinued and (b) started during the year should be attached.

Clinics provided by another Local Health Authority and used by agreement or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority should *not* be included, but a separate note should be attached showing the number of such clinics used by mothers resident in the Authority's area and the number of sessions held *per month* and if readily available, statistics as in columns (4) to (6) in respect of these women.

In cols. (4)-(6) women examined post-natally at ante-natal clinics should be included in the post-natal (not the ante-natal) figures and also shown separately between dotted lines.

In col. 5 enter for ante-natal clinics women who had *not* previously attended any clinic of the Local Health Authority during current pregnancy, and for post-natal clinics women who had *not* previously attended any post-natal clinic of the Local Health Authority after last confinement.

(1)	Number of clinics provided at end of year (whether held at Child Welfare Centres or other premises)	Number of sessions now held <i>per month</i> at clinics included in col. (2)		Number of women in attendance		Total number of attendances during the year	
		Medical Officers Sessions	* Midwives Sessions	Number of women who attended during year	Number of new cases included in col. (4)	Medical Officers Sessions	Midwives Sessions*
(1)	(2)	(3)		(4)	(5)	(6)	
<i>Local Health Authority Clinics:</i>							
(a) Ante-natal clinics ..	24	107	—	4,717	3,349	13,347	—
(b) Post-natal clinics ..	—	—	—	541 541	506 506	609 609	— —
<i>Clinics provided by Voluntary organisations:</i>							
(a) Ante-natal clinics ..	—	—	—	—	—	—	—
(b) Post-natal clinics ..	—	—	—	—	—	—	—

*Where no Medical Officer is present.

3. Child Welfare Centres.

NOTES : A list giving the names and addresses of any centres (a) discontinued and (b) started during the year should be attached.

Centres provided by another Local Health Authority and used by agreement, or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority, should *not* be included, but a separate note should be attached showing the number of such centres used by children resident in the Authority's area and the number of sessions held *per month*, also, if readily available, statistics as in columns (4)-(12) in respect of these children.

Attendances by mothers for the purpose of obtaining welfare foods, etc. only should not be included in the Table.

Attendances at specialist clinics or for special treatment, e.g., orthopaedic clinics, sunlight treatment, etc. should not be included in the Table.

Centres provided by:	Number of centres provided at end of year	Number of Child Welfare sessions now held <i>per month</i> at centres in col. (2)	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age (4)	Number of children who attended during the year and who were born in :			Total Number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were :			Total attendances during the year
				1957	1956	1955-52		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
L.H.A. ..	92	350	6,936	6,508	5,256	4,385	16,149	86,967	19,000	11,510	117,477
Vol. Org. ..	2	6	133	117	74	66	257	1,744	237	94	2,075

4. Dental Care of Expectant and Nursing Mothers and Children under School Age.

- (a) Number of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service :—
 (1) Senior Dental Officer 0.1
 (2) Dental Officers 0.7
- (b) Number of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service None
- (c) Number of dental clinics in operation at end of year 16
- (d) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year 44*
- (e) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year None

* 44 in Chesterfield Borough (None specifically set aside in the remainder of the County for expectant and nursing mothers and pre-school children).

Dental Treatment Return.

A. NUMBERS PROVIDED WITH DENTAL CARE :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	52	51	44	14
Children under Five	949	770	730	269

B. FORMS OF DENTAL TREATMENT PROVIDED :

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio graph
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	15	23	—	—	142	21	4	5	—
Children under five	1	77	477	—	1,214	411	—	—	—

5. Health Visiting and Tuberculosis Visiting.

A. Visiting.

	HEALTH VISITORS										TUBERCULOSIS VISITS
	Number of children under 5 years of age visited during year	Expectant mothers*		Children under 1 year of age†		Children age 1 and under 2 years	Children age 2 but under 5 years	Tuberculous Households‡	Other cases§	Total number of families or households visited by Health Visitors (11)	Total visits paid to tuberculous households¶
(1)	(2)	First visits	Total visits ||	First visits	Total visits ||	Total visits ||	Total visits ||	Total visits ||	Total visits ||	(11)	(12)
(a) L.H.A.	41,671	2,403	3,246	9,917	29,189	16,062	31,561	2,701	7,662	35,758	—
(b) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

"No access" visits — 8,674.

*These figures should not include visits paid by a midwife-health visitor who is to attend the confinement as a midwife or maternity nurse.
The "first visit" to an expectant mother is the first visit paid by a health visitor during any one pregnancy.

†The "first visit" to a child under 1 year old is the first visit paid by a health visitor of this Local Health Authority after the birth of the child.

‡This heading relates to visits made by health visitors not employed solely on tuberculosis work (as to which see col. (12)).

§"Other cases" should include visits for such purposes as reporting on still-births and infant deaths, infectious disease, care of old people, hospital after-care, etc.

¶"No access" visits should be **excluded** from the total. A "no access" visit is one in which the health visitor does not make contact with the person intended to be visited or a responsible representative of that person.

¶This heading relates to visits made by health visitors and tuberculosis visitors employed solely on tuberculosis work.

B. Clinics.

- (a) Total number of attendances made by health visitors at local health authority clinic sessions during the year 6,333
- (b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year —

6. Home Nursing.

(1)	Medical (2)	Surgical (3)	In- fectious Diseases (4)	Tuber- culosis (5)	Maternal Compli- cations (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year* (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year* (10)	Patients included in (2)-(7) who have had more than 24 visits during the year* (11)
Number of cases referred by Home Nursing Authority during the year										
L.H.A.	11,481	3,474	75	401	111	1,283	16,825	6,324	524	3,779
Vol. Org. arrange- ments with the Authority	—	—	—	—	—	—	—	—	—	—
Number of visits made by Home Nursing Authority during the year										
L.H.A.	292,015	63,043	757	12,800	876	22,141	391,632	215,326	3,749	242,686
Vol. Org. arrange- ments with the Authority	—	—	—	—	—	—	—	—	—	—

* The number of visits paid to the special classes of patients in columns (9), (10) and (11) should be shown under items (c) and (d) as appropriate.

7. Domestic Help.

(i) Number of Domestic Help Organisers employed at the end of the year :—

(a) Whole-time	2
(b) Part-time	Nil.

(ii) Number of Domestic Helps employed at the end of the year :—

(a) Whole-time	65
(b) Part-time	86

(iii) Number of cases where domestic help was provided during the year* :—

		Cases included in previous col. in which help began prior to 1957
(a) Maternity (including expectant mothers)	196	5
(b) Tuberculosis	—	—
(c) Chronic sick including aged and infirm	947	509
(d) Others	136	49

*A case should be counted only once, even if help ceased and recommenced during the year.
All cases should be counted, even if help began in the preceding year.

8. Distribution of Welfare Foods.

Number and type of distribution points at end of year :—

(a) Maternity and child welfare centres..	75
(b) Others	73

9. Day Nurseries (including 24-hour Nurseries) as at end of year.

NOTE : A list giving the names and addresses of any Day Nurseries (a) opened, (b) closed during the year should be attached.

(1)	Number (2)	Number of approved places		Number of children on the register at the end of the year		Average daily attendance during the year	
		Under 2 (3)	2-5 (4)	Under 2 (5)	2-5 (6)	Under 2 (7)	2-5 (8)
(a) Nurseries maintained by the Council	5	91	134	68	139	43.9	107
(b) Nurseries maintained by Voluntary Organisations by arrangement with the Council under Section 22 of the Act	—	—	—	—	—	—	—

10. Daily Minders receiving fees from the Authority under Section 22 of the National Health Service Act, 1946, at end of year.

(a) Number of minders	Nil.
(b) Number of children cared for	Nil.

11. Mother and Baby Homes—(i.e. Homes or hostels for unmarried mothers and their babies).

Name and Address of Home or Hostel (1)	Total beds (excluding maternity and labour and cots) (2)	Number of beds			Number of admissions (ignoring re-admissions after confinement) during the year (6)	Number of admissions in col. (6) for which the authority was responsible (7)	Average length of stay	
		*Maternity (excluding labour and isolation) (3)	Labour beds (4)	Cots (5)			Ante natal (8)	Post natal (9)
(a) Provided by the Authority :—		N	I	L				
(b) Provided or used by Voluntary Organisations with which the Authority make arrangements under S. 22 (1) or to which the Authority make payment under S. 22 (5):—		N	I	L				

- (c) Number of cases sent by the Authority during the year to homes other than those mentioned in (a) and (b) above, payment being made on an *ad hoc* basis :—

(1) Expectant Mothers	..	..	..	55
(2) Post-Natal Cases	..	..	..	59

*A separate form M.C.W. 96a, should be furnished for each institution with *maternity* beds included in the above table. Immediate information should be sent to the Principal Medical Officer for the Region and addressed to him at the Ministry of Health, Savile Row, W.1, of every occurrence in any of these institutions of :—

- (a) DEATH ;
 (b) OPHTHALMIA NEONATORUM, PEMPHIGUS AND INFECTIVE GASTRO-ENTERITIS ; AND
 (c) AN OUTBREAK OF OTHER INFECTIOUS DISEASES.

†Exclusive of the lying-in period.

12. Illegitimate Children (with special reference to Circular 2866).

- (i) Do the Authority employ a Social Worker for the purpose of Circular 2866
 (a) themselves ? No
 (b) in combination with another Local Health Authority ? No
- (ii) If not, what arrangements are made for this work to be undertaken ?
 The Superintendent Health Visitor has been specially deputed to keep illegitimate children under particular observation.

PART II.

MIDWIVES ACT, 1951.

RETURN BY LOCAL SUPERVISING AUTHORITY.

1. Midwives.

NOTE : Midwives engaged in both domiciliary and institutional practice should be included in the capacity in which they are mainly employed.

	Number of Midwives practising in the area of the Local Supervising Authority at end of year.		
	Domi- ciliary Midwives	Midwives in Insti- tutions	Total
(a) Midwives employed by the Authority	101	—	101
(b) Midwives employed by Voluntary Organisations—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	80	80
(ii) Otherwise	—	—	—
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	7	6	13
Totals	108	86	194

2. Deliveries Attended by Midwives.

NOTES: This table relates to *women* delivered, not in the case of multiple births, to infants.

Where midwives are engaged in both domiciliary and institutional practice, cases attended by them should be separated into domiciliary or institutional.

Where institutional midwives are employed by a Hospital Management Committee or Board of Governors responsible for several institutions situated in the areas of more than one Local Supervising Authority, the cases attended by them should be included in the return of the Authority in whose area the cases are located.

Domiciliary cases attended by midwives (cols. (2)-(6)) should *not* include cases delivered in institutions but attended by domiciliary midwives on discharge and before the 14th day. This information should be provided at item (e).

	Number of deliveries attended by Midwives in the area during the year					
	Domiciliary Cases					Cases Insti- tutions
	Doctor not booked		Doctor booked		Totals	
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child		
(2)	(3)	(4)	(5)	(6)			(7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority ..	42	793	1,309	2,637	4,781	—
(b) Midwives employed by Voluntary Organ- isations—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—
(c) Midwives employed by Hospital Manage- ment Committees or Boards of Governors under the National Health Service Act ..	—	—	—	—	—	3,821
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	—	—	5	—	5	421
TOTALS ..	42	793	1,314	2,637	4,786	4,250

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day, 1,582.

(f) Breast Feeding.

Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day, 3,883.

3. Medical Aid under Section 14 (1) of the Midwives Act, 1951.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, by a Midwife, whether a fee was payable by the Local Health Authority or not :—

(a) Domiciliary cases :—

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service .. 261

(ii) Others 160
Total 421

(b) Cases in Institutions 248

4. Administration of Inhalational Analgesics.

(1) Institutional Midwives.

Number of Institutional Midwives in practice in the area at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board :—

(a) Employed in homes and hospitals in the National Health Service 75

(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service 5

(2) Domiciliary Midwives.

NOTE : The information asked for item (d) in columns (3)-(10) should be supplied where available.

(1)	Number of domiciliary midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (2)	Number of sets of apparatus for the administration of inhalational analgesics in use at end of year (3) Gas and air (4) "Tri-lene"		Number of cases in which inhalational analgesics were administered by midwives in domiciliary practice during the year:—				Number of cases in which pethidine was administered by midwives in domiciliary practice during the year :—	
				When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child		When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child
		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Domiciliary Midwives employed directly by Local Health Authority	101	102	102	251	755	388	2,237	795	1,954
Domiciliary Midwives employed under Section 23 by voluntary organisations as agents of Local Health Authority	—	—	—	—	—	—	—	—	—
Domiciliary Midwives employed under Section 23 by hospital authorities as agents of Local Health Authority	—	—	—	—	—	—	—	—	—
Domiciliary Midwives in private practice or employed by voluntary organisations not acting as agents of Local Health Authority	2	2	—	—	—	—	—	—	—
Totals	103	104	102	251	755	388	2,237	795	1,954

PART III.

RETURN OF WORK DONE BY THE AUTHORITY UNDER :—

1. Nurseries and Child-minders Regulation Act, 1948.

	Number registered at end of year	†Number of children provided for
Premises :		
(a) Factory	Nil.	Nil.
(b) Other nurseries	Nil.	Nil.
Daily Minders	Nil.	Nil.

† *i.e.*, number of children to whom the registrations relate.

2. Registration of Nursing Homes (Sections 187 to 194 of the Public Health Act, 1936).

	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes first registered during year ..	—	—	—	—
Homes whose registrations were withdrawn during year	—	—	—	—
Homes on the register at end of year	6	18	79	97

Names of the Councils of any County Districts to which the powers and duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936, and particulars of the powers delegated.

Chesterfield Corporation	}	The powers and duties of the County Council for the respective areas.
Glossop ..		
Ilkeston ..		

PART IV.

PREMATURE BIRTHS

NOTES : This section covers live births and still-births of 5½ lbs. or less at birth.

Births in an ambulance or in the street should be listed under the place to which the case is immediately transferred.

1. Number of Premature Live Births Notified (as adjusted by any notifications transferred in or out of the area).

(a) In hospital	576
(b) At home	240
*(c) In private nursing homes	41
Total	857

Number of Premature Still-Births Notified (as adjusted by any notifications transferred in or out of the area).

(a) In hospital	114
(b) At home	26
*(c) In private nursing homes	8
Total	148

*"Private nursing homes" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.

NOTE: The totals in the table below should correspond with the appropriate figures in items 1 and 2 above, e.g. the sum of the totals in cols. (5) and (8) of the table should correspond with item 1 (b) above.

Weight at birth	PREMATURE LIVE BIRTHS															Premature Still-births		
	†Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home.
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Under 4 lb. 4 oz. or less (500 gms. or less)	75	40	18	6	4	2	15	5	6	-	-	-	-	-	-	59	12	4
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (2,000-2,500 gms.)	96	11	81	21	2	19	13	-	10	7	2	5	1	1	-	31	4	4
Over 4 lb. 6 oz. up to and including 5 lb. 6 oz. (2,500-3,000 gms.)	150	3	143	34	4	30	14	2	12	6	1	4	-	-	-	7	4	0
Over 5 lb. 6 oz. up to and including 6 lb. 6 oz. (3,000-3,500 gms.)	255	7	243	130	-	126	7	-	5	27	-	27	-	-	-	17	6	-
Totals	576	61	485	191	10	177	49	7	33	40	3	36	1	1	-	114	26	8

†The group under this heading will include cases which may be born in one hospital and transferred to another.

PART V.

STAFF RETURN.

NURSING STAFF EMPLOYED AT THE END OF THE YEAR BY THE AUTHORITY, AND BY VOLUNTARY ORGANISATIONS AND HOSPITALS UNDER ARRANGEMENTS WITH THE AUTHORITY FOR SERVICES UNDER PART III OF THE N.H.S. ACT.

NOTES : Where a nurse is engaged in more than one service (e.g. a superintendent nursing officer or a home nurse-midwife) she should be shown as part-time in *each* of the services in which she is engaged, and should be given the whole-time equivalent of her work in *each* of these services in the columns provided.

A health visitor (or home nurse or midwife) who also does school nursing duties should be shown as part-time, together with the whole-time equivalent of her work after deduction of time spent in school nursing duties. Nurses employed solely as whole-time school nurses whether or not holding the health visitor's certificate, should not be included anywhere in this return.

1. Health Visiting, Tuberculosis Visiting, Clinic Duties, Care and After-Care.

(1)	Administrative and Supervisory Nursing Staff (excluding Health Visitor Tutors)			Health Visitors except those in Cols. (8)-(10)			Tuberculosis Visitors†			Other Nurses		
	Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6) (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9) (10)	Whole-time (11)	Part-time (12)	Equiv. Whole-time of (12) (13)
(a) Local Health Authority ..	—	3	1.5	—	54	37.8	—	—	—	—	—	—
(b) Voluntary Organisation ..	—	—	—	—	—	—	—	—	—	—	—	—

*Health Visitors and Tuberculosis Visitors acting as such by virtue of a dispensation given under Regulation 5 of the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, should be included and also shown separately between dotted lines.

†This relates to health visitors and tuberculosis visitors employed solely on tuberculosis work.

2. Domiciliary Midwifery.

(A).

(1)	Administrative and Supervisory Nursing Staff			Domiciliary Midwives		
	Whole-time*	Part-time*	Equivalent Whole-time of (3) (4)	Whole-time†	Part-time†	Equivalent Whole-time of (6) (7)
Health Authority ..	—	3	1.5	72	29	15
Municipal Organisations ..	—	—	—	—	—	—
M.C. or B.G.	/	/	/	—	—	—

*Non-Medical Supervisors of Midwives should be included and also shown separately between dotted lines.

†Midwives approved as teachers should be included and also shown separately between dotted lines.

(B). Pupil Midwives.

Number of pupils who have completed their district training in the area during the year as part of a Part II Midwifery course taken :—

- (i) Wholly on the district —
- (ii) Partly on the district 11

3. Home Nursing.

(1)	Administrative and Supervisory Nursing Staff			State Registered Nurses (S.R.N., R.S.C.N., and R.F.N.)			Enrolled Assistant Nurses			Student Home Nurses		
	Whole-time	Part-time	Equiv. Whole-time of (3) (4)	Whole-time*	Part-time*	Equiv. Whole-time of (6)* (7)	Whole-time*	Part-time*	Equiv. Whole-time of (9)* (10)	Whole-time*	Part-time*	Equiv. Whole-time of (12)* (13)
Health Authority ..	1	2	1	103	23	12	8	6	3	—	—	—
Municipal Organisation ..	—	—	—	—	—	—	—	—	—	—	—	—

*Male nurses should be included and also shown separately between dotted lines.

4. Nurses Engaged on Combined Duties.

NOTE : A nurse should be counted once only in this section. If part of her duties relates to health visiting, home nursing, or midwifery, she will also have been counted in one or more of sections 1, 2 and 3 above.

Number of nurses engaged in :

(a) Health visiting and school nursing only	..	56
(b) Home nursing and midwifery only	..	29
(c) Health visiting, home nursing and midwifery only	..	—
(d) Health visiting, home nursing, school nursing and midwifery only	..	—
(e) Other combinations (please specify)	..	—

5. Administrative Nursing Staff (excluding Health Visitor Tutors).

Actual number of nurses whose duties in the services in 1, 2 and 3 above are :—

(a) wholly administrative and supervisory	..	4
(b) partly administrative and supervisory	..	3

6. Total Staff.

Actual number of nursing staff represented in the tables under 1, 2 and 3 above, including administrative nursing staff but **excluding** students and pupils whose employment in these three services is :—

(a) Whole-time	..	273
(b) Part-time	..	—

7. Nursery Staff—Day Nurseries.

	Nursery Supervisors †	Matrons		Deputy Matrons		Other Staff—Excluding Domestics					
		State Registered i.e. S.R.N., R.S.C.N. or R.F.N.	Others	State Registered i.e. S.R.N., R.S.C.N. or R.F.N.	Others	S.R.N.'s R.S.C.N's R.F.N's	S.E.A.N.s	Nursery Nurses	Wardens	Nursery Assistants and other staff (excluding domestics) (11)	Nursery Students
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(a) L.H.A.	— —	3	2	1	3	—	2	8	5	12	30
(b) Vol. Org.*	— —	—	—	—	—	—	—	—	—	—	—

†The number of part-time Supervisors should be included and also shown between dotted lines.

*Refers to staff employed by Voluntary organisations providing a day nursery service by arrangement with the Local Health Authority under Section 22 of the Act.

8. Vacancies.

Number of vacancies for nursing staff at the end of the year (i.e. additional staff which the Authority would employ immediately if available) expressed in terms of the equivalent of whole-time staff under each heading :—

(a) Health Visitors	..	12
(b) Tuberculosis Visitors	..	—
(c) Domiciliary Midwives	..	3
(d) Home Nurses	..	2
(e) Day Nursery Staff (specify grades).	..	—

COUNTY OF DERBY

Table of Deaths during the year 1957 in each of the Sanitary Districts, Classified according to Diseases.

APPENDIX II.

DISTRICTS	DEATHS FROM VARIOUS CAUSES																																						
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Diseases	Other Circulatory Diseases	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes		
(URBAN)																																							
ALFRETON .. .	1	-	1	-	-	-	-	-	-	5	11	2	3	20	1	3	42	43	7	40	19	7	8	12	4	4	-	2	1	-	3	24	-	8	4	-	-	275	
ASHBOURNE .. .	2	-	-	-	-	-	-	-	-	2	2	1	-	11	-	1	26	10	-	4	8	-	7	3	-	-	-	-	-	-	-	4	-	-	1	-	-	84	
BAKEWELL .. .	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	10	8	-	16	4	1	1	3	1	-	-	-	-	-	-	-	-	-	-	-	-	51	
BELPER .. .	1	-	-	-	-	-	-	-	1	6	3	1	-	18	1	2	26	28	2	19	9	1	8	3	4	2	-	1	-	-	-	-	-	-	-	-	-	163	
BOLSOVER .. .	2	-	1	-	-	-	-	-	-	4	3	5	-	6	1	1	12	7	2	10	11	1	5	3	-	-	-	1	-	-	2	18	-	-	4	2	-	95	
BUXTON (Borough)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CHESTERFIELD (Bor'gh)	3	-	1	-	-	1	1	-	1	31	26	15	8	67	2	5	104	88	18	157	41	11	36	55	12	6	1	1	1	3	5	64	5	25	22	1	-	817	
CLAY CROSS .. .	-	-	-	-	-	-	-	-	-	2	3	1	-	12	-	-	11	9	3	7	6	2	5	9	2	-	1	1	1	3	2	7	-	3	1	-	-	88	
DRONFIELD .. .	-	-	-	-	-	-	-	-	-	3	2	2	-	7	1	-	8	8	1	16	2	4	5	8	-	1	1	2	2	-	-	-	-	-	-	-	-	78	
GLOSSOP (Borough)	-	-	-	-	-	-	-	-	-	8	9	3	1	15	-	1	76	47	1	49	13	1	11	4	-	1	1	9	2	-	1	36	-	10	4	-	-	303	
HEANOR .. .	3	-	1	-	-	-	-	-	-	3	6	7	1	29	2	3	40	26	9	23	22	2	12	14	6	3	-	1	2	-	1	32	2	8	2	-	-	260	
ILKESTON (Borough)	6	-	1	-	-	-	-	-	1	7	13	6	2	33	1	5	48	37	5	51	19	8	9	22	4	5	-	3	3	3	31	-	12	4	-	-	338		
LONG EATON .. .	4	-	-	-	-	-	-	-	-	5	8	4	3	29	3	1	39	33	4	48	13	2	8	18	1	1	1	5	-	4	34	4	5	2	-	-	278		
MATLOCK .. .	3	-	-	-	-	-	-	-	-	2	9	4	3	13	3	1	36	30	3	30	14	2	5	7	2	2	1	3	-	1	9	3	5	4	-	-	195		
NEW MILLS .. .	-	-	-	-	-	-	-	-	-	4	3	1	2	13	-	1	33	8	2	11	18	-	4	4	1	-	-	1	1	1	13	5	-	-	-	-	126		
RIPLEY .. .	1	-	1	-	-	1	1	-	-	2	1	1	2	24	-	2	29	36	4	30	17	2	3	1	3	1	-	1	-	4	25	1	3	3	-	-	199		
STAVELEY .. .	-	-	-	-	-	-	-	-	-	3	7	2	1	15	3	1	23	21	5	32	8	2	13	16	2	3	-	-	1	3	17	2	9	3	-	-	192		
SWADLINCOTE ..	2	-	1	-	-	-	-	-	-	5	6	1	-	18	2	2	32	21	9	27	21	5	4	15	4	3	1	4	1	1	7	-	4	2	-	-	198		
WHALEY BRIDGE ..	-	-	1	-	-	-	-	-	-	1	4	1	1	5	1	1	16	8	1	9	2	1	1	4	-	1	-	2	-	-	6	-	1	4	3	-	70		
WIRKSWORTH .. .	-	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	16	12	-	6	1	1	-	3	-	-	-	-	-	-	1	5	-	1	1	-	51		
URBAN DISTRICTS ..	29	1	8	-	-	2	2	-	4	96	121	55	31	357	22	31	680	517	77	630	252	54	150	213	50	34	8	37	13	5	36	368	23	112	64	1	4,083		
(RURAL)																																							
ASHBOURNE .. .	1	-	-	-	-	-	-	-	-	2	3	2	-	5	1	2	19	13	2	17	4	2	1	5	2	2	2	1	-	3	6	3	1	3	-	-	104		
BAKEWELL .. .	2	-	1	-	-	-	-	-	-	7	7	5	-	21	1	1	47	38	5	45	19	8	5	18	4	-	-	2	3	-	27	4	5	1	-	-	277		
BELPER .. .	1	-	1	-	-	-	-	-	-	6	8	5	1	33	1	2	65	53	6	38	17	5	12	9	4	2	-	5	1	3	16	4	12	8	2	-	321		
BLACKWELL .. .	2	-	-	-	-	-	-	-	-	9	8	4	1	49	3	6	70	50	5	62	15	6	20	24	9	5	2	5	3	-	5	38	2	7	-	-	411		
CHAPEL-EN-LE-FRITH	1	-	-	-	-	-	-	-	-	2	6	4	1	21	-	2	46	42	9	40	17	1	4	10	1	-	6	1	-	3	17	1	4	2	-	-	241		
CHESTERFIELD ..	7	2	2	-	-	1	-	-	1	29	27	17	10	60	6	4	112	112	21	115	43	13	41	4	11	7	4	10	1	12	9	37	6	2	-	842			
CLOWNE .. .	2	-	1	-	-	-	-	-	-	8	8	2	2	6	-	1	28	19	2	41	12	2	13	14	1	1	-	-	1	3	17	2	6	3	-	-	195		
REPTON .. .	1	-	1	-	-	-	-	-	-	15	5	8	2	37	2	2	49	50	11	63	28	3	11	19	6	3	4	1	2	-	2	40	4	10	3	2	-	385	
SHARDLOW .. .	5	2	1	-	-	-	-	-	-	24	17	20	7	74	7	8	115	114	20	138	47	8	30	23	5	4	4	12	5	-	9	54	3	10	12	-	778		
RURAL DISTRICTS ..	22	4	8	-	-	1	-	-	3	102	89	67	24	306	21	28	551	491	81	559	202	48	137	163	43	24	16	43	17	1	40	294	32	92	38	7	3,554		
URBAN DISTRICTS ..	29	1	8	-	-	2	2	-	4	96	121	55	31	357	22	31	680	517	77	630	252	54	150	213	50	34	8	37	13	5	36	368	23	112	64	1	4,083		
WHOLE COUNTY .. .	51	5	16	-	-	3	2	-	7	198	210	122	55	663	43	59	1,231	1,008	158	1,189	454	102	287	376	93	58	24	80	30	6	76	662	55	204	102	8	7,637		

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

ON THE

Health & Well-being of School Children

FOR THE

Year ended 31st December, 1957

J. B. S. MORGAN,
B.Sc., M.B., B.Ch., D.P.H., L.R.C.P., M.R.C.S.,
Principal School Medical Officer.

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DERBYSHIRE EDUCATION COMMITTEE

(As at 31st December, 1957)

ALDERMAN F. A. GENT

(Chairman)

COUNCILLOR J. B. HANCOCK

(Vice-Chairman)

Aldermen

J. W. ALLITT, M.B.E.
J. ANDERSON
MRS. A. M. BELFIELD
T. M. BENNISON
MRS. G. BUXTON, C.B.E.
MRS. O. EDEN
C. FEAKIN
R. FEWKES

MRS. E. HARRISON
MRS. F. E. SHIPLEY
MRS. D. M. SUTTON
E. SWALE
J. TURNER
REV. E. J. WASS
F. WILSON

Councillors

J. T. CHADWICK
G. W. COCKER
E. W. FIELDING
C. E. FLETCHER
MRS. D. HARDMAN
J. W. HETHERINGTON
B. HILDITCH

C. D. LEWIS
D. PRINCE
J. B. ROBINSON
L. STONES
H. TURNER
J. WILLIAMSON
E. H. WRIGHT

Co-opted Members

MRS. E. E. ARMSTRONG
MRS. M. G. C. SULLEY, M.A.
MRS. E. WEBB
C. BEMROSE, ESQ.
PROFESSOR C. G. CHESTERS, M.Sc.
REV. H. HODGKINS, M.A.
R. A. KIRKMAN, ESQ.

H. MILES, ESQ.
REV. DR. H. S. O'NEILL
H. PALFREMAN, ESQ.
F. R. ROLLINSON, ESQ.
RIGHT REV. GEORGE SINKER
VERY REV. CANON L. J. WILLIAMSON
(One Vacancy)

SPECIAL SERVICES SUB-COMMITTEE OF THE DERBYSHIRE EDUCATION COMMITTEE

(As at 31st December, 1957)

ALDERMAN F. A. GENT

(Chairman)

COUNCILLOR J. B. HANCOCK

(Vice-Chairman)

Aldermen

J. W. ALLITT, M.B.E.
MRS. A. M. BELFIELD
MRS. G. BUXTON, C.B.E.
MRS. O. EDEN
C. FEAKIN
R. FEWKES

MRS. E. HARRISON
MRS. F. E. SHIPLEY
MRS. D. M. SUTTON
J. TURNER
F. WILSON

Councillors

E. W. FIELDING
MRS. D. HARDMAN
B. HILDITCH
J. B. ROBINSON

L. STONES
H. TURNER
J. WILLIAMSON

Co-opted Members

MRS. E. E. ARMSTRONG
MRS. E. WEBB

R. A. KIRKMAN, ESQ.
F. R. ROLLINSON, ESQ.

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December 1957, its membership was as follows :—

Representing the County Health Committee :
ALD. MRS. E. HARRISON (Chairman)
ALD. MRS. F. E. SHIPLEY
ALD. MRS. D. M. SUTTON
COUN. N. B. BANKS

Representing the Education Committee :
ALD. MRS. G. BUXTON, C.B.E.
ALD. MRS. O. EDEN
ALD. F. A. GENT
COUN. J. B. HANCOCK

ANNUAL REPORT

of the **PRINCIPAL SCHOOL MEDICAL OFFICER**
on the Health and Well-being of School Children for
the Year ended 31st December, 1957.

**To the Chairman and Members of the
Derbyshire Education Committee**

Ladies and Gentlemen,

I have the honour to present my fourteenth Annual Report on the health and well-being of children attending schools maintained by the Derbyshire Education Authority.

On the whole the health of pupils remains satisfactory, but the numbers referred for treatment for defective vision per thousand examined continues at a high level. Your attention is drawn to a Table on page 16, which indicates the position since 1947. I commented on the factors that might account for this in my last Annual Report, so there is no point in my repeating what I wrote on that occasion, apart from the following sentence, "When all is said and done, the greater use of the eyes brings with it more knowledge and pleasure, even though at times it results in the need for the correction of defective vision by spectacles."

The medical staffing position is gradually improving and details of the expansion that has occurred since 1953 are given on page 15.

The inauguration of the poliomyelitis vaccination scheme took place in 1956. Further particulars concerning the development of the scheme are given on page 54. Unexpected supply difficulties arose and in November, 1957, it was decided by the Ministry of Health that "Salk" vaccine made in Canada and the United States of America be purchased to augment the supplies of British vaccine.

The Government's proposals for an extended programme of vaccination will place a heavy pressure on the medical staffs of local authorities, even though a large number of general medical practitioners are also taking part in the arrangements, as it is proposed to offer vaccination to all children under the age of fifteen, to expectant mothers and to certain other priority groups before the summer of 1958.

The Minister of Education in Administrative Memorandum No. 561 (19th November, 1957) stated that he was confident that local education authorities will co-operate closely with local health authorities in the arrangements for school children. He hopes also that they will collaborate in any measures for giving priority to the work of vaccination, if necessary by deferring some of the normal and less urgent work of the School Health Service. The Derbyshire Education Committee, I feel sure, will be very understanding when some curtailment and a degree of delay occurs in dealing with certain activities of the Service.

This is the “Jubilee Year” of the School Health Service, because fifty years have elapsed since the Education (Administrative Provisions) Act was passed in 1907, which set up a regular system of medical inspection and empowered Authorities to provide certain types of treatment.

The origin of the School Health Service may be traced directly to the Report of the Inter-Departmental Committee on Physical Deterioration which was issued a few years after the South African War. In that war, army recruits were for the first time medically examined prior to enlistment. The army doctors reported that a large percentage of the recruits suffered from defects which could have been remedied if tackled in childhood. It was as a result of these reports that the Inter-Departmental Committee arranged for a survey which confirmed the army doctors’ opinion. As a consequence, the Education (Administrative Provisions) Act, 1907 was passed. From then onwards, a system of increasing medical inspection and care of the health of the child has been steadily built up. Until March, 1945, it was based mainly on the provisions of the Education Act, 1921, and under section 81 of that Act the Authority was required to recover the cost of treatment, except when they were satisfied that it would be unreasonable to do so.

Under the Education Act, 1944, the requirement for the recovery of the cost of treatment was no longer an obligation, from 1st April, 1945. Under section 48 (3) of this Act, the Authority had the duty to secure that comprehensive facilities for free medical treatment, other than domiciliary treatment, were available, under the Education Act or otherwise, for all pupils in attendance at schools or county colleges maintained by them.

The National Health Service Act, since July 1948, has provided comprehensive facilities for not only free hospital treatment but also domiciliary treatment, for all members of a household including school children. The function of the local education authority now is to make sure that children can get, and are encouraged to get, all ordinary forms of medical and hospital care : to provide themselves, or arrange for, any necessary facilities (including the provision of spectacles and other appliances) which are not otherwise readily available for children free of charge, and any facilities peculiarly suitable for provision through their own organisation ; and to maintain their arrangements for the medical inspection of children.

The establishment of the National Health Service has had far-reaching effects on the School Health Service, and it would seem opportune that they be reviewed briefly.

Circular 179 (August 4th, 1948) outlined the changes and the principles underlying the co-ordination of the National Health Service and the School Health Service. An attempt is made below to summarise this Circular :—

- (1) It will be through the facilities of the National Health Service that Authorities will normally discharge their obligations under section 48 of the Education Act, 1944, to secure free medical treatment for school children.

(2) The National Health Service will not affect school medical inspection, ascertainment of handicapped pupils, and reports to the Local Health Authority on ineducable children as well as those suffering from a disability of mind requiring supervision after leaving school.

(3) Local Education Authorities should outline their needs arising from the School Health Service for consultation and specialist treatment to Regional Hospital Boards. This treatment will be free of charge.

Regional Hospital Boards will in agreement with local education authorities assume administrative and financial responsibility for all arrangements for specialist work carried out at school clinics.

(4) It will be impossible for Regional Hospital Boards to provide a general service of refraction in the first instance. As an interim measure, Local Executive Councils will provide a Supplementary Ophthalmic Service which will be free of charge. If repairs or replacements are required because of lack of care it is a requirement of the National Health Service that a charge be made, but in the case of school children this should be paid by the local education authority.

(5) The treatment of minor ailments at a school clinic is well established, and no change in this system is contemplated—in fact, its extension where necessary on existing lines should continue, as it is regarded as the most expeditious and comprehensive means of dealing with many troublesome conditions and preventing further impairment of health.

(6) No charge would be made to local education authorities for the provision of artificial limbs or other appliances by Regional Hospital Boards. The same principle of recovery for the cost of repair or replacement through lack of care would be applied as in the case of spectacles under the Supplementary Ophthalmic Services.

(7) The School Dental Service will in general be unaffected.

(8) Child Guidance work is in the main an educational service, as it is closely linked with the school and the home. There will be scope, however, in some instances for patients to be referred to the Psychiatrists employed by the Regional Hospital Boards, and likewise for children who attend clinics provided by Regional Hospital Boards to be referred to the Child Guidance Clinics provided by local education authorities.

(9) Speech Therapy will remain the responsibility of local education authorities, as it should be carried out in the closest association with the work of the schools.

(10) Regional Hospital Boards will have no power to provide education for children, but the Boards are empowered to arrange for a local education authority to use part of the premises of a hospital as a special school. The cost of the school will fall on the local education authority and a charge may be made by the Regional Hospital Board for the use of the premises.

In reviewing the changes enumerated above I think, in general, they have stood the test of time, apart from (7). While in principle the School Dental Service has remained unaffected, in practice the opposite is the case, because large numbers of those formerly employed

have been attracted to employment under Part IV of the N.H.S. Act, where the "item of service payment" is more remunerative than the salaried service under Local Authorities.

Derbyshire is served by two Hospital Boards, namely, Manchester and Sheffield. Both these Boards have been told that the Derbyshire Education Authority are anxious that there should be no contraction of the Service provided prior to 1948. There must, however, be a degree of flexibility to take account of the advances in medical knowledge. This might mean occasionally an adjustment in the siting of premises and personnel if the desirable object of "efficiency with economy" is to be obtained.

Dr. F. J. Burke retired on 25th July, 1957, on attaining the age of seventy years. He took up his duties as a School Medical Officer with the Authority in August, 1923, and during a span of thirty-four years must have witnessed many changes in the School Health Service. I thought it would be a good idea if he would be agreeable to record his impressions for inclusion in my Annual Report as he has been an active participant in the School Health Service in Derbyshire for well over half the period of its existence, particularly in this "Jubilee Year." (See page 55).

Dr. Burke has given excellent service to the Derbyshire County Council over a long period. He was a most conscientious, hard-working reliable and co-operative colleague, to whom one could turn and always receive a willing answer whenever there were staff shortages. His age precluded a further extension of service, but I much regret having to lose the services of such a satisfactory and efficient officer. It is to be hoped that he will live long in good health to enjoy his well-deserved retirement.

Dr. A. H. Fairlamb, the Senior Assistant County Medical Officer, resigned on the 4th May, 1957, on being appointed Senior Medical Officer to the Health Department of the County Borough of Hull, having been on the staff in Derbyshire from the 3rd January, 1955. I hope he will be happy in his new employment, but I should like to place on record how grateful I was to him for having conducted two most interesting surveys, namely one on the partially deaf and the other on cerebral palsy during his sojourn in Derbyshire.

I should like to express my thanks to Ald. F. A. Gent and Ald. Mrs. E. Harrison, the respective Chairmen of the Education Committee and the Joint Medical Services Sub-Committee, for their support in promoting new schemes during the year; to Mr. Longland, our Director of Education, and his staff for their co-operation; and to the staff of the School Health Service, not least Dr. Woodward, my Deputy, Mr. Pedley, the Chief Clerk and Mr. Dilks, the Chief Sectional Clerk, for their loyalty, hard-work and efficiency.

Your obedient Servant,

J. B. S. MORGAN,

Principal School Medical Officer.

*County Offices,
Matlock.*

13th May, 1958.

GENERAL INFORMATION AND STATISTICS

Area and Population of Administrative County.

	Municipal Boroughs	Urban Districts	Rural Districts	Totals
Number of Sanitary Districts	4	16	9	29
Area in acres	21,149	76,916	537,391	635,456
Population, Mid-1957 ..	138,620	224,180	355,100	717,900

Primary and Secondary Schools.

Divisional Executive	Types of Schools and Numbers	Average No. on Registers
North-west	Primary .. 80	9,351
	Secondary .. 14	4,534
North-east	Primary .. 119	22,942
	Secondary .. 33	11,416
Mid-Derbyshire ..	Primary .. 80	11,269
	Secondary .. 18	6,584
South-east	Primary .. 66	12,690
	Secondary .. 14	6,492
South	Primary .. 101	14,052
	Secondary .. 18	6,861
Chesterfield ..	Primary .. 26	6,707
	Secondary .. 14	5,863
Total — Whole Administrative County	Primary .. 472	77,011
	Secondary .. 111	41,750

Nursery Schools and Nursery Classes.

Divisional Executive	Number of Schools or Classes	Approx. No. on Registers
North-west ..	Schools .. 1	40
	Classes .. 1	20
North-east ..	Schools .. 1	40
	Classes .. 6	161
South-east ..	Classes .. 2	54
Chesterfield ..	Classes .. 9	354

Special Schools.*Approx. No. on Registers*

Brambling House Open Air School and Children's Centre, Chesterfield	130
Bretby Orthopaedic Hospital Special School, Bretby	38
John Duncan (E.S.N. Girls') School, Buxton ..	40
Overseal Manor (E.S.N. Boys') School ..	40
Talbot House, Glossop (Cerebral Palsy) ..	18
The Brackenfield Day Special School (E.S.N., Mixed), Long Eaton	98

Boarding Homes for Maladjusted Pupils.

Holly House, Chesterfield	13
Stretton House, Stretton	20

New Schools.

The following new schools were opened during the year :—

*North-East Division**Date of Opening*

Beighton, Hackenthorpe, St. John Fisher R.C. (J.M. & I.)	2nd September.
Birley, The Thornbridge County Secondary (Grammar)	9th September.
Shirland & Higham, Mickley County (Infants)	2nd September.

South-East Division

Ilkeston, Kirk Hallam County J.M.	2nd September.
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Mid-Derbyshire Division.

Ripley County Secondary (Technical) ..	9th January.
South Normanton, The Frederick Gent County Secondary	1st May.
Duffield, Ecclesbourne County Secondary (Grammar)	10th September.

South Division

Chaddesden, St. Alban's R.C. (J.M. & I.) ..	7th January.
Ashbourne, Parkside County (J.M.) ..	11th March.
Breadsall Hilltop County (J.M.) ..	29th April
Chaddesden Park County (J.M.) ..	26th August
Chaddesden Park County (Infant) ..	26th August
Hatton County Secondary	9th September.
Swadlincote, Granville County Secondary ..	9th September.

Schools Closed during the year.*Mid-Derbyshire Division**Date of Closure*

Matlock, Bonsall Endowed (Aided) Boys ..	1st March.
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North East Division.

Ault Hucknall, Hardstoft C.E. V.C. J.M. & I.	30th August
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Births, and their effect on school population.

The number of pupils attending maintained primary and secondary schools shown above has increased in recent years and from 1946 onwards the following Table gives the position annually :—

1946 ..	82,895	1952 ..	106,323
1947 ..	87,107	1953 ..	109,099
1948 ..	91,875	1954 ..	112,021
1949 ..	95,595	1955 ..	114,744
1950 ..	97,511	1956 ..	116,699
1951 ..	100,973	1957 ..	118,761

These figures are a reflection of the births in the County during the preceding years as well as the raising of the school leaving age from 14 to 15 years in 1947. Below are set out the numbers of live births in the administrative county from 1940 :—

1940 ..	9,898	1949 ..	11,534
1941 ..	10,078	1950 ..	10,799
1942 ..	11,032	1951 ..	10,440
1943 ..	11,724	1952 ..	10,425
1944 ..	13,149	1953 ..	10,663
1945 ..	11,393	1954 ..	10,417
1946 ..	12,710	1955 ..	10,329
1947 ..	13,714	1956 ..	11,011
1948 ..	12,152	1957 ..	11,428

Schemes of Divisional Administration.

(1) Under a Scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the Administrative Area of the Authority (excluding the Borough of Chesterfield which is an Excepted District) has been partitioned into five Divisions. So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the Principal School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A scheme of Divisional Administration made by the Borough Council was approved by the Minister of Education on 7th November, 1945. Briefly, the Borough Council exercises the following functions in respect of the Borough relating to the School Health Service in particular :—

(i) The duty of providing special educational treatment for those children who have been ascertained as needing such treatment.

(ii) The duty of carrying out the medical inspection of pupils in attendance at any school maintained by the Authority and securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(iii) The exercise of the duties relating to the power to ensure cleanliness.

(iv) The powers and duties relating to reports to local authorities under the Mental Deficiency Acts.

(v) The duty of carrying out the medical inspection of pupils receiving primary or secondary education otherwise than at school, and of securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(vi) Where an arrangement has been made between the Authority and the Proprietor of an Independent School in the Borough, the duty of carrying out the medical inspection of pupils in attendance at the school, and securing that the pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

Staff.

The Ministry of Education requested a numerical return of the staff of the School Health Service on 31st December, 1957, and the following information was provided :—

STAFF OF THE SCHOOL HEALTH SERVICE
(excluding Child Guidance) :—

Principal School Medical Officer J. B. S. Morgan
Principal School Dental Officer H. E. Gray

	Number of Officers	Numbers in terms of full-time officers employed in the School Health Service
(a) Medical Officers (including the Principal School Medical Officer)—*		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services	27	13.5
(iii) General Practitioners working part-time in the School Health Service ..	—	—
(b) Physiotherapists, Speech Therapists, etc. (Specify)—		
(i) Orthopaedic Physiotherapists	2	1.40
(ii) Speech Therapists ..	8	6.38
(c) (i) School Nurses	57	17.10
(ii) No. of above who hold a Health Visitor's Certificate	52	
(d) Nursing Assistants	4	2.85

*—All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(e) Dental Staff:				
(i) Principal School Dental Officer ..	1	0.90	—	—
(ii) Dental Officers ..	9	7.31	—	—
(iii) Orthodontists (if not already included in (e) (i) or (e) (ii) above ..	—	—	—	—
Total ..	10	8.21	—	—
	Number of Officers		Numbers in terms of full-time officers employed in the School Dental Service	
(iv) Dental Attendants ..	10		8.70	

The following Table gives details of the staff during the year (including Child Guidance staff):—

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PRINCIPAL SCHOOL MEDICAL OFFICER— J. B. S. Morgan, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.	15%	85%
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER— V. J. Woodward, M.B., Ch.B., D.P.H.	40%	60%
SENIOR MEDICAL OFFICER FOR MENTAL HEALTH— R. M. C. Tyner, B.A., M.B., B.Ch., B.A.O., D.P.H. (Left 31/1/57)	2½%	97½%
Margaret Fynne, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H. (Commenced 11/3/57)	2½%	97½%
SENIOR ASSISTANT MEDICAL OFFICER— A. H. Fairlamb, M.B., B.S., D.P.H. (Left 4/5/57) (One vacancy).	65%	35%
SCHOOL MEDICAL OFFICERS— Ethel A. Blake, M.B., B.Ch., B.A.O., L.M., D.R.C.O.G. (Transferred to M. & C.W. 8/4/57)	80%	20%
F. J. Burke, M.D., B.Ch., B.A.O. (Retired 25/7/57)	75%	25%
Mary F. Cooney, M.B., B.Ch., B.A.O., D.C.H., D.P.H. (Commenced 25/3/57)	75%	25%
J. W. Crawshaw, M.B., Ch.B.	75%	25%
R. E. Dean, L.R.C.P.S., L.R.F.P.S.	75%	25%
J. Duthie, M.B., Ch.B. (Commenced 2/9/57)	75%	25%
Anna L. Frenkiel, M.R.C.S., L.R.C.P., D.R.C.O.G.	80%	20%
B. H. Gooch, B.Ch., M.B., L.M.S.A.A., M.A. (Commenced 18/11/57)	75%	25%
Winifred Gow, M.B., Ch.B.	85%	15%
Alison M. Hamilton, M.B., Ch.B., D.P.H.	75%	25%
Dorothea Koffman, M.D., D.P.H.	75%	25%
D. M. McCarthy, L.R.C.S.I., L.R.C.P.I. (Com- menced 25/11/57)	75%	25%
Margaret Kuttner, M.D.	65%	35%
Meiner Morris, M.R.C.S., L.R.C.P.	75%	25%
Norah T. Twohig, M.B., B.Ch., B.A.O., D.C.H. (Commenced 18/2/57), (Left 30/6/57)	80%	20%
Mary T. Vass, L.R.C.P.I., L.R.C.S.I., L.M. (Seven vacancies).	75%	25%
PART-TIME SCHOOL MEDICAL OFFICERS— D. Adams, M.B., Ch.B., (Left 7/10/57)	40%	5%
M. Allan, M.B., Ch.B., D.P.H.	20%	80%
G. Cochran, M.A., M.B., Ch.B., D.P.H.	25%	75%
Margaret S. May, M.B., Ch.B. (Left 31/1/57)	50%	5%
W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	33%	67%
A. R. Robertson, M.B., Ch.B., D.P.H.	33%	67%
Mary Sutcliffe, M.A., M.B., B.Ch., D.P.H.	30%	70%
P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H. (Commenced 25/1/57)	20%	80%
C. G. Woolgrove, M.B., Ch.B., D.P.H.	27%	73%
BOROUGH SCHOOL MEDICAL OFFICER for Chesterfield Excepted District— J. A. Stirling, D.S.C., M.B., Ch.B., D.P.H.	24%	76%

Staff	Proportion of whole time (expressed as a percentage) devoted to	
	School Health Service	Public Health
SCHOOL MEDICAL OFFICERS for Chesterfield Excepted District—		
H. James, L.R.C.P., L.R.C.S., L.R.F.P.S.G., D.P.H.	72%	28%
Joan M. B. Leith, M.B., Ch.B., B.A.O., D.P.H. ..	28%	72%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CONSULTANT CHILDREN'S PSYCHIATRIST—		
D. J. Salfeld, B.Sc., M.D., D.P.M. (9/11ths of Salary paid by Regional Hospital Board) .. (One vacancy).	80%	10%
EDUCATIONAL PSYCHOLOGISTS—		
J. R. Fish, B.Sc. (Commenced 1/7/57)	27%	—
Miriam S. Flint, B.A.	27%	—
Grace M. Hamer, M.A. (Chesterfield Excepted District)	50%	—
Jean Ingham, B.A. (Chesterfield Excepted District)	50%	—
D. Young, B.Sc.	27%	—
PSYCHIATRIC SOCIAL WORKERS—		
Stella Hollingworth, B.A. (Commenced 1/10/57) (One vacancy).	90%	10%
SOCIAL WORKERS—		
Ethel N. Ives, (Chesterfield Excepted District) ..	50%	—
Joyce Martin (Left 30/9/57) (One and half vacancies).	90%	10%
SPEECH THERAPISTS		
Ena Adams, L.C.S.T. (Commenced 2/9/57) ..	90%	10%
Ann Burgess, L.C.S.T. (Commenced 2/9/57) ..	90%	10%
Ann Creed, L.C.S.T.	90%	10%
Edna Curry, L.C.S.T.	95%	5%
S. Kearney, L.C.S.T. (From 1/10/57 to 24/12/57) (4 sessions a week)	18%	—
Margaret R. Marsh, L.C.S.T.	50%	5%
Mary E. Smith, L.C.S.T.	33%	3%
Hazel Winter, L.C.S.T.	90%	10%
Helen Wright, L.C.S.T. (Chesterfield Excepted District) (Four vacancies).	100%	—
DENTAL STAFF—		
PRINCIPAL SCHOOL DENTAL OFFICER—		
H. E. Gray, L.D.S.	90%	10%
DENTAL OFFICERS—		
J. C. Bowman, B.Ch.D., L.D.S. (Commenced 2/9/57)	90%	10%
G. H. Freeman Dentist, 1921)	90%	10%
Shirley Humpston, B.D.S. (Left 31/12/57) ..	90%	10%
J. E. Minton, L.D.S. (Commenced 1/11/57) ..	90%	10%
PART-TIME DENTAL OFFICERS—		
Wilma Drury, L.D.S. (10/11ths)	80%	11%
Flora M. Jakson, L.D.S. (6/11ths)	50%	5%
Dorothy Littlar, L.D.S. (6/11ths) (Six vacancies).	50%	5%
Chesterfield Excepted District—		
A. R. Littlar, L.D.S. (Borough Senior Dental Officer)	91%	9%
Annie Kean, L.D.S. (One vacancy).	100%	—

At the end of 1953 we had the equivalent of 8.4 whole time School Medical Officers; at 31.12.54 the figure was 9.3. In 1955 the County Council agreed to increase the establishment by seven Assistant Maternal & Child Welfare and School Medical Officers, in order to meet the growing needs for their services and to bring the ratio of staff up to a figure similar to the average for the country as a whole. At 31.12.55 the equivalent of 10.5 officers were engaged in school health work and at the end of 1956 the figure was 13.9 (with two vacancies to be filled). As mentioned elsewhere in this Report, steps are now being taken to arrange a scheme for carrying out B.C.G. vaccination of certain school children (which is designed to afford protection against tuberculosis), and the County Council has therefore agreed that up to six additional Medical Officers may be appointed (who will act as Maternal and Child Welfare as well as School Medical Officers), according to the need, to enable it to be implemented without detriment to the other schemes which have already been established. It will be seen from the foregoing schedules of staff that at the end of 1957 we had the equivalent of (approximately) 13.5 school medical officers (there were, however, seven vacancies, six of which were in respect of the expansion of work involved in performing B.C.G. inoculations). One of the vacancies was filled on 18th January, 1958, and at the end of 1957 authority was given for steps to be taken to appoint three of the six additional medical officers on the establishment.

GENERAL CONDITION OF THE PUPILS

Three general medical inspections of the school children take place, arranged so that every pupil is inspected during (i) the first year of compulsory school attendance, (ii) the first year of attendance at a secondary school, and (iii) the last year of compulsory school attendance.

In addition children under five years old are inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years are inspected during their last year at school. Pupils specially brought forward are also examined, and those previously observed to have defects requiring observation or treatment are re-examined. No routine general medical inspection is carried out in the "junior" departments or schools; School Medical Officers, therefore, have been requested to make a point of getting in touch with Headteachers of such departments or schools at least once a year to afford them an opportunity of bringing forward any children requiring to be specially examined or re-examined.

It will be seen from Table I of the Appendix to this Report that the number of pupils examined at periodic medical inspections totalled 28,385, compared with 27,734 in 1956, and 29,982 in 1955. It will be borne in mind that during 1956 and 1957 the Maternal & Child Welfare and School Medical Officers devoted a proportion of their time to the scheme for vaccinating certain groups against poliomyelitis. The following Table shows the numbers examined during 1957 in the three main age groups and the numbers found to require treatment. The latter figure is also expressed as a percentage of those examined and for comparison the last published percentages for England and Wales are also given.

Group	Number of Pupils Inspected	Total Individual Pupils found to Require Treatment		
		Derbyshire		England and Wales (1955), Percentage of Nos. inspected
		Number	As percentage of Column 2	
Entrants ..	10,045	1,573	15.66	14.77
Second Age Group ..	8,745	1,566	17.91	15.93
Leavers ..	7,452	1,274	17.09	14.60
Totals ..	26,242	4,413	16.82	15.14

It will be seen that in 1957 the number of pupils who were thought to be in need of treatment for various conditions was roughly 17% of those examined in the three main age groups, which is comparable to 18% in 1956, 19.5% in 1955 and about 17 or 18% in the previous few years. The slight rise in 1955 was associated with an increased incidence of defects of vision, squint, skin and cervical glands. In 1956, however, with the exception of defects of vision, the incidence of those conditions dropped back to figures similar to those for the few preceding years. As regards vision, since 1953 I have remarked on the fact that more children are being referred for treatment of defective vision. The ratios per 1,000 examined since 1947 are as follows :—

Year	Children referred for treatment of defective vision, per 1,000 examined			
1947	47.8
1948	49.0
1949	66.0
1950	69.9
1951	62.9
1952	69.9
1953	87.4
1954	84.5
1955	87.2
1956	88.7
1957	90.1

Nose and Throat Defects. The rate per 1,000 of pupils thought to require treatment for nose and throat defects has varied over the past few years between 28 and 49, but the figures for 1956 and 1957 were 20.2 and 13.3 respectively. During their examinations at schools the School Medical Officers record the children seen at periodic medical inspections who have undergone tonsillectomy at any time previously. The figures obtained in Derbyshire during 1957 were as follows :—

Periodic Age Groups Inspected	Numbers Inspected		Numbers and percentages found to have had tonsillectomy			
	Boys	Girls	Boys	%	Girls	%
Entrants	498	429	43	8.6	17	3.9
Children in their first year as seniors	596	616	118	19.8	122	19.8
Leavers	545	468	129	23.6	131	27.9

Commencing in 1956 the Ministry have asked that the "physical condition" of the pupils inspected in the periodic inspection groups should be classified as "satisfactory" or "unsatisfactory." The figures for 1957 are set out in detail in Table I 'D'—the following is a summary:

Classification of the Physical Condition of Pupils Inspected.

Divisional Executive	Satisfactory	Unsatisfactory
	%	%
North-west	98.75	1.25
North-east	94.65	5.35
Mid-Derbyshire	98.60	1.40
South-east	93.68	6.32
South	99.50	0.50
Chesterfield	93.86	6.14
Whole Administrative County ..	96.12	3.88

In 1956 the number of children examined in the periodic age groups whose "physical condition" was classed as "unsatisfactory" amounted to 2.72% of those examined, and the figure for 1957 was 3.88%. (These figures are not comparable with classifications made in earlier years, which related to the "nutritional state" prior to 1946, and to the "general condition" from 1947 to 1955).

"Asian 'flu."

Towards the end of the year influenza became widespread in this country and school attendance was adversely affected, although the epidemic was on the whole mild in its effects. A circular was sent to Heads of Schools by the Director of Education and the Principal School Medical Officer which dealt with various points which it was felt might arise (e.g. the possible need to close a school or cancel certain group activities, etc.). The Ministry of Health felt that there

was no medical necessity for a mass vaccination scheme against so mild a disease, but that certain groups of health workers should be offered vaccination. Reference to this is made later in this Report when various schemes for preventive inoculations are discussed.

SANITARY INSPECTIONS IN SCHOOLS

It is customary for School Medical Officers on completing routine school medical inspections to submit to the Principal School Medical Officer a report on the school premises, including brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements, and the playground. Matters which appear to require attention or investigation are brought to the notice of the Director of Education.

In addition, the services of the County Public Health Inspector are utilised to inspect in particular the sanitary arrangements at schools and the hygiene arrangements in school canteens. These visits are "advisory" in nature; the County Public Health Inspector gives advice on small matters directly to the teachers but more important matters are reported to the Principal School Medical Officer in the first instance, to whom, in any case, a report is submitted after each inspection. This is considered, and forwarded to the Director of Education with any necessary observations. The quality of the water supply is also investigated, and if necessary improvements are recommended. Special attention is paid in this connection to the rural schools. Work has been, and is still being, continued under the programme (which was mentioned in my Annual Report for 1954) for carrying out improvements to the sanitary arrangements where this is desirable at some of the older schools in various parts of the County.

Swimming Baths.

Although many of the schools include training for swimming in their curriculum, there is only one swimming bath in the County for which the Education Authority itself is responsible; this is the open air bath at Ashbourne.

In 1951 this bath was renovated so that it included modern treatment plant. Since then, pupils from many schools in the area have used it, although the facilities there have been extended to youth and similar organisations as well as to members of the public.

The attendance figures for the 1957 season are estimated as 15,591 children and 4,666 other persons, which are well above average, especially considering the discouraging weather during the latter half of the Summer.

From a health point of view the standards attained at this bath are almost wholly admirable; there have been extremely few unsatisfactory samples, and then only in abnormal circumstances. The treatment plant has proved reliable and, to date, of adequate capacity. Much credit for the successful operation of the bath must go to the attendant in charge who, from the inception of the undertaking, has shown keen interest and understanding of the problems which inevitably arise from time to time.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME

The statistics provided in Table "A" show the numbers of meals consumed and the number of children for whom milk was provided. This information is based on a return required by the Ministry of Education which is now obtained for the Ministry only once a year on a settled day in October. Unfortunately, the numbers do not reflect the demand for meals and the provision of milk as applied to the whole year, as the figures were taken when Derbyshire was in the throes of the "Asian 'flu" epidemic. The percentages of children present who partook of meals or milk form a better basis for comparison with previous years than the actual numbers shown.

The programme of kitchen and scullery modernisation continued during the year and these minor works schemes will feature as part of the meals building schemes until the whole programme has been cleared.

The Training Course in the Littleover kitchen continued to produce successes and again an encouraging number of entrants have completed training there.

Source and Quality of Supply of Milk under the Milk-in-Schools Scheme.

Sampling of school milk supplies was carried out by Mr. Rowley, the County Public Health Inspector. All pasteurised milks are submitted to the phosphatase test (for efficiency of pasteurisation), and all raw milks to the biological test (for tubercle bacilli). Pasteurised milks, too, are tested for tubercle bacilli (although not so frequently as raw milks), but each source of supply is examined at least once a year by biological methods. Any pasteurised milk which fails to pass the phosphatase test is examined for tubercle bacilli as a matter of course.

Canteen milk supplies have been subjected to the same procedure. The following table combines figures in respect of both classes of milk :—

	Phosphatase		Tubercle Bacilli		Total No. of samples submitted
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
Pasteurised ..	45	1	12	—	46
Tuberculin Tested ..	—	—	10	—	10
Ungraded ..	—	—	2	—	2

In addition, one sample of Sterilised milk satisfied the turbidity test. As will be seen, examinations of raw milks for tubercle bacilli were all negative.

TABLE A
MEALS and MILK PROVIDED on a day in October, 1957

DIVISIONAL EXECUTIVE	CHILDREN PRESENT		MEALS PROVIDED				MILK PROVIDED			
	Numbers		Numbers		% of Numbers present		No. of Children		% of Numbers present	
	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.
North-west ..	7,059	3,239	3,292	2,166	46.6	66.9	6,724	2,474	95.3	76.4
North-east ..	15,451	8,257	6,770	4,183	43.8	50.7	14,695	6,135	95.1	74.3
Mid-Derbyshire	8,387	5,154	2,570	2,722	30.6	52.8	7,372	3,252	87.9	63.1
South-east ..	9,018	4,655	2,448	1,637	27.1	35.2	8,779	2,843	97.3	61.1
South ..	9,613	4,167	3,758	2,132	39.1	51.2	9,251	3,098	96.2	74.3
Chesterfield ..	5,321	5,031	1,885	2,110	35.4	41.9	4,886	2,840	91.8	56.5
TOTALS— Whole Adminis- trative County	54,849	30,503	20,723	14,950	37.8	49.0	51,707	20,642	94.3	67.7

The following Table shows the number of schools, including independent schools, supplied with milk on the 31st December, 1957. The Education Committee endeavour at all times to obtain the highest grades of milk and it is encouraging to know that of 640 establishments, 632 receive pasteurised milk.

Type of Milk	Divisional Executive												Totals— Whole Admini- strative County	
	North-west		North-east		Mid-Derbyshire		South-east		South		Chester-field			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Pasteurised	106	98.15	161	100.0	106	99.06	87	100.0	131	96.32	41	100.0	632	98.75
Mercurin tested ..	2	1.85	—	—	1	0.94	—	—	4	2.94	—	—	7	1.09
Graded	—	—	—	—	—	—	—	—	1	0.74	—	—	1	0.16
Totals ..	108	100.0	161	100.0	107	100.0	87	100.0	136	100.0	41	100.0	640	100.0

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The following steps are taken to minimise the risk of school children becoming infected by adults who are suffering from tuberculosis :—

(i) *Teachers* : An X-ray examination is enjoined for teachers entering the profession : students completing training are X-rayed and the results made available to the College Medical Officer ; and teachers entering service otherwise than from College are X-rayed as part of their medical examination on appointment.

The Ministry's requirements are, of course, observed concerning the suspension from and return to duty of a teacher found to be suffering from respiratory tuberculosis.

The Ministry has pointed out that there are not sufficient facilities available for X-ray examination of the chest to make it possible to give an annual test to all teachers and other adults whose work brings them into close contact with groups of school children, without diverting resources from other uses for which they are urgently needed. It was suggested, however, that it should not be difficult for teachers and others concerned to take increasing advantage of the services of the mass radiography units provided by Regional Hospital Boards. These services are, of course, free and confidential, and it will be appreciated that the examinations are not compulsory. This matter was referred to the Teachers Advisory Committee, which recommended that the Authority should draw the attention of all teachers to the need for periodic examinations, and this has been done.

(ii) *Staff other than teachers* : The Committee decided that full-time staff in the categories mentioned below should be required to undergo an X-ray examination on appointment ; that the Ministry's rules concerning the suspension from and return to duty of a teacher suffering from respiratory tuberculosis be applied to them ; and that their attention be drawn to the desirability of being X-rayed annually:—

Residential staffs of boarding schools and homes ; staffs of nursery schools ; clerical assistants ; welfare supervisors ; laboratory assistants ; caretakers ; school meals staff (except those at central kitchens).

It is customary for the Director of Education to send a Monthly Circular to all Schools, and this medium is used to keep the matter before the staff, at the same time giving details of the facilities available for free X-ray examinations (e.g. the whereabouts from time to time of the mass radiography units).

Mass Miniature Radiography.

The mass radiography service is organised by Regional Hospital Boards, and enables large numbers of people to have their chests X-rayed expeditiously at convenient centres. It is a valuable aid to preventive medicine, aimed particularly at the early detection of cases of pulmonary tuberculosis (although other conditions may also be discovered).

Normally four mass radiography units operate in the County—the Nottingham Area No. 2 Unit, based on Nottingham (Medical Director, Dr. W. Guthrie) ; the South Yorkshire Area Unit based on Doncaster (Dr. V. Sherburn) ; the Sheffield Area Unit, based on Sheffield (Dr. W. J. Wilson) ; and the Manchester No. 3 Unit, based on Stockport (Dr. J. Rimmington).

The Ministry of Health in Circular H.M. 57/94 has stated that “chest radiography of schoolchildren yields a very poor return and is justified only as part of a special survey of a school where active cases have occurred of pupils or staff.” Nevertheless when units are operating in the County it is customary to provide facilities at public sessions for schoolchildren of thirteen years and over being examined, subject to parental consent.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to teachers' training colleges are required to be medically examined concerning their fitness to follow a course of teacher-training. Applicants who are school pupils are examined by the School Medical Officer of the area in which they live—this has the advantage that he will have been concerned with, or have access to the records of their medical examinations at school. Applicants for admission after national service, or after a course of training not taken under the Training of Teachers Regulations, or mature entrants, who have had no recent connexion with the school health service, are examined by the School Medical Officer of the area in which they reside, which will often be the area in which they attended school.

The Minister of Education has said that it is not practicable at present, in view of the lack of facilities, to require an X-ray examination of the chest of all entrants to training (although, of course, an X-ray will be taken if in the opinion of the examining medical officer it is desirable).

Intending entrants to the teaching profession who complete an approved course of training are examined by the College Medical Officer at the end of the course. Other entrants to service are examined by the school Medical Officer of the appointing education authority. It is a requirement of the Minister of Education that an X-ray examination of the chest is included as an essential part of all medical examinations on entry to the teaching profession.

The Derbyshire Education Authority administers a Teachers' Training College; students completing training are X-rayed and the results made available to the College Medical Officer.

During the year the following examinations were carried out by School Medical Officers :—

Entrants to Training Colleges, Departments of Universities and Approved Art Schools	307
Entrants to the teaching profession	88
X-ray examinations of entrants to the teaching pro- fession and temporary teachers	106

INFESTATION WITH VERMIN

The total number of examinations and re-examinations of children in schools to detect the presence of nits or lice was 218,469, and they revealed 2,645 individual children infested, which is just over 2% of the school enrolment. Although the incidence has been falling—ten years or so ago it was about 7%—it is clear that this unpleasant and unnecessary condition is difficult to eradicate completely. The Health Visitors and Teachers, however, are alive to this problem and by means of health education, cleanliness inspections and practical advice and help, are continually striving to reduce the numbers affected.

(The Authority's scheme for cleanliness inspections was last described in my Annual Report for 1953, and remains unchanged).

SCHOOL CLINICS

The Ministry of Education asked for a return showing the school clinic facilities as at 31st December, 1957; a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

I. NUMBER OF SCHOOL CLINICS (*i.e.*, premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics	31
----------------------------------	----

II. TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics returned above, either directly by the Authority or under arrangements with the Regional Hospital Board, for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment (1)	Number of School Clinics (<i>i.e.</i> , premises) where such treatment is provided—	
	Directly by the Authority (2)	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor Ailment and other non-specialist examination or treatment	26	—
B. Dental	24	—
C. Ophthalmic*	3	17
D. Ear, Nose and Throat ..	—	—
E. Orthopaedic	—	16
F. Paediatric†	—	—
G. Speech Therapy ..	24	—
H. Others (specify):— Sunray ..	1	—

*—Arrangements made with the Supplementary Ophthalmic Service are returned in column (2) and those made with the Hospital and Specialist Service in column (3).

†—Clinics for Children referred to a specialist in children's diseases.

III. CHILD GUIDANCE CENTRES.

(1) Number of Child Guidance Centres provided by the Authority—12.

(2) Staff of Centres :—

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	1	0.8
Educational Psychologists ..	5	1.8
Psychiatric Social Workers ..	1	0.9
Paediatricians, Play Therapists, Social Workers, etc. (excluding Clerks) (specify):— Social Worker	1	0.5

Minor Ailments.

Table 'B' shows the clinics at which facilities are provided for the treatment of minor ailments. Altogether, 1,607 children made 5,092 attendances. Most of the work took place in the four relatively compact municipal boroughs. Most of the sessions for treatment are quite short, and are conducted by Health Visitors, who are frequently attending the clinic premises for other purposes, such as for giving advice on infant welfare. At sessions attended by Medical Officers, it is possible to include the examination of special cases discovered at routine school medical inspections requiring more elaborate examination—it will be realised that occasionally, due to the pressure of work at the inspections, the latter are not always practicable). Immunisation against diphtheria is also available on demand as well as medical examination of children desiring to know if they are fit to undertake certain forms of employment.

Dental Work.

A statistical report appears in Table V in the Appendix. Mr. H. E. Gray, the Principal School Dental Officer, has provided the following report :—

“The difficulty of obtaining sufficient staff to provide an adequate school dental service remained the same as in the last few years, although in the year under review a minor improvement took place. At the end of the year, the staff consisted of seven whole-time and three part-time dentists, an equivalent of nine whole-time officers. This was only about a quarter of the total number of whole-time dentists required to give a complete and comprehensive service and was the best staffing position since 1948, when there was an equivalent of eight whole-time officers. In the intervening years, the equivalent of whole-time officers never averaged more than five-and-a-half.

The staff increase consisted of three whole-time officers, all young and recently qualified. One worked throughout the year and the other two for the last four and two months respectively. Unfortunately for the service, all three decided to transfer to the fields of general practice. One left at the end of the year and the other two leave early in 1958.

Recent appointments have not resulted from advertisements in the professional press, but have been fortuitous, the candidates being resident in the county or having returned by reason of home ties. If recruitment in the near future fails, the outlook is indeed black, and the chances are that even the already meagre service will practically cease. Only one member of the staff (a married woman) is under thirty and the others not far off or over retiring age.

The Authority has made efforts to attract and retain staff by a policy of progressively modernising both the premises and the equipment of the clinics. Of the twenty-four clinics in the County, seventeen are now fully equipped with dental units, modern chairs, special operating lights, electric sterilisers and the latest type of general anaesthetic apparatus and offer working conditions as favourable as those elsewhere.

Officers wishing to do so may work evening sessions and approval has been given for the appointment of part-time officers to work on a sessional basis, with remuneration on the recommended scale of the British Dental Association. This is for limited service only and is merely a stop gap arrangement, as only with sufficient whole-time officers can a comprehensive service be provided with regular inspection and continuity of treatment, which is absolutely essential for the maintainance of dental health.

About mid-summer a new clinic was completed at Hackenthorpe in the north east of the County and the dental department was opened in September with a part-time service of four sessions per week.

This clinic is completely up to date and has been so designed and equipped that the facilities enable the work to be carried out as expeditiously as possible.

Services were provided at sixteen clinics, but only two (those of Chesterfield Borough) were worked full-time, restricted and part-time services at the others were all that was possible.

The work of inspection and treatment was about double that for 1956, the result of an extra seventeen months help from the additional staff and the fact that two officers appointed in 1956 had settled into efficiently working routines.

The school population increased by 2,000 to 118,700, and approximately 30,000 received inspections, only 26% of the enrolment. Of this number, 24,000 were inspected at the periodical school inspections, of whom over 20,000 (84%) were found with defects varying from slight to gross lesions. Of this number 15,000 were offered treatment. In not a few instances the responses were very disappointing, in some schools more than half of the parents refused the offer of treatment. This was compensated for in other areas and the overall acceptance rate was 60%.

At the school inspections, it was noted that some children received regular attention from the family dentist, but on the whole the number was relatively small. A large number has received treatment for the relief of pain, but nothing had been done with other conditions which required attention.

The remainder of the total inspected consisted of 6,500 special inspections carried out at the clinics. These were children who attended as casuals many for urgent treatment or advice. Nearly all required attention and most were dealt with immediately or as soon as possible.

At the school inspections all children with defects were not automatically offered treatment. A policy of selection was necessary and the dental officer had to make up his mind which children would benefit most from conservative treatment (often no easy matter) as the task of treating thoroughly all those who required attention was impossible. The school child/dental ratio (in terms of a whole-time officer) varied between 6,500/1 for the most favourably placed officer to 25,000/1, and as one whole-time officer can only treat thoroughly about 2,000 children per year, selection was necessary in an endeavour to reduce the periods between inspections and ensure a continuity of worth while treatment, for as many as possible.

The total number of children who received treatment was 13,900. This was 3,200 more than in 1956 and they made 23,893 attendances, an increase of over 6,000. The number of emergency cases dealt with was more than 6,000. The number of these cases has remained more or less constant over the past years and accounted for roughly a third of the total clinical time. Nearly all these cases required extraction treatment and this meant so much time less for the work of preservation and prevention.

The amount of conservative work done was more than double that of the previous year. Over 8,900 fillings were done, all but 500 in permanent teeth.

Extraction work continued to be very heavy. 7,000 permanent and 17,500 temporary teeth were extracted, an overall increase of 4,000. A factor in this increase was the greater use made of general anaesthesia, enabling treatment in the majority of cases to be completed at one visit instead of two or three as would have been necessary had local anaesthesia been used. The installation of additional general anaesthetic machines has been greatly appreciated, and there is little doubt

that it is much pleasanter for the patients. It is now quite common for patients to ask for "gas," and definitely refuse to "have the needle," even for a simple extraction. There appears to be developing an increasing dread of injections and this seems to be associated with the various immunising processes many children now undergo.

Over 7,100 general anaesthetics were administered, 2,200 more than in 1956. They were given by the school medical officers, and each child was medically examined beforehand. Any child with a defective heart had a course of penicillin cover before treatment.

Miscellaneous operations totalled 4,700 and were chiefly of a minor nature and included scalings, gum treatment, dressings and silver nitrate medication.

Orthodontics. The amount of treatment carried out in this specialised branch of dentistry was the greatest for several years. Fifty-four patients, thirty-nine being new cases, were treated for various irregularities of the teeth and jaws. Treatment was satisfactorily completed for twenty-three. Five discontinued treatment and at the end of the year the remainder were still under treatment.

Removable appliances were used in the correcting processes and these were made to specification by a private dental technician.

Orthodontic treatment is time consuming, and often extends over a long period, some cases taking between one and two years before satisfactory results are achieved. Good results depend for a large part upon a stable staffing position to ensure continuity of treatment, and this has been possible only at a few clinics. Where staff remain only a short time (and this has been the case with the majority of new staff engaged in the last few years), the carrying out of this type of treatment has proved, in some instances, very difficult and unsatisfactory.

Denture Work. Fifty-nine children were fitted with artificial teeth. The dentures were all partial ones to replace one or more teeth at the front of the mouth, many having been lost in accidents.

Included in this survey is the care of children in special schools, and those resident in the Children's Homes maintained by the Authority who all received priority attention.

An account of the work done for pre-school children and expectant mothers appears in the appropriate section of the County Medical Officer's Annual Report on the Health of the County of Derby."

Visual Defects.

Table 'C' shows the number of children who attended the eye clinics and the number of attendances. Treatment was provided at the Authority's eye clinics under two schemes as follows:—

(i) *Supplementary Ophthalmic Services.*

Medical Officers on the Ophthalmic List attended three clinics and were paid on a sessional basis by the Authority, which recovered from the Supplementary Ophthalmic Services Committee of the Local Executive Council a fee for each refraction carried out. Prescriptions

for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements may be made for the glasses to be provided.

(ii) *Hospital Eye Service.*

Seventeen of the Authority's eye clinics were conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. The spectacles which are prescribed are provided under arrangements made by the Hospital and Specialist Services.

School children, like other members of the community, may consult their private Doctors with a view to treatment and glasses being provided under the National Health Service. In this connection, certain figures have kindly been provided by the Derbyshire Executive Council relating to work performed by Ophthalmic Medical Practitioners and Ophthalmic Opticians outside the Authority's scheme, and these figures are included in Group 1 of Table IV in the Appendix to this Report.

Health Visitors are informed of the treatment prescribed for patients who attend County Eye Clinics, in order that they may be followed up and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

Orthopaedic and Postural Defects.

The Orthopaedic clinics conducted on County Council clinic premises continue to be visited by Orthopaedic Specialists employed by Regional Hospital Boards. Table 'D' indicates the attendances made by school children, and further particulars appear in Table IV, Group 3, of the statistics at the end of this Report. The number of individual children who visited the clinics was 956, attendances totalling 5,643. These figures are comparable respectively with 1,082 and 6,003 in the previous year.

Sunray Clinics.

During the year, 200 children made 2,555 attendances at the sunray clinics at the Town Hall, Chesterfield, and at Brambling House Open Air School, Chesterfield. Forty-nine sessions were held.

TABLE C
Annual Return of work at Eye Clinics—Year ended 31st December, 1957

Children Attending Maintained Schools																		
Eye Clinic	When Held	Actual Number of Clinic Sessions	Number of Individual Children Treated						Total Number of Attendances									
			Divisional Executive						Divisional Executive									
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total		
Alfreton. Grange Street (c) ..	1st, 2nd, 3rd & 4th Wednesday, p.m. . .	42	-	43	403	-	-	-	-	-	446	-	69	423	-	-	-	492
Belper. Field Lane ..(c) ..	3rd Tuesday, a.m.	7	-	-	56	-	-	-	-	-	56	-	-	98	-	-	-	98
Bolsover. Welbeck Road (f) ..	1st and 3rd Wednesday, a.m. . .	9	-	84	-	-	-	-	-	-	84	-	90	-	-	-	-	90
Buxton. Bridge Street (e) ..	Each Monday a.m.	52	535	-	-	-	-	-	-	-	535	562	-	-	-	-	-	562
Chesterfield. Brimington Rd. (f) ..	2nd and 4th Friday a.m. . .	21	-	266	-	-	-	-	-	-	266	-	310	-	-	-	-	310
Chesterfield Excepted District. Town Hall ..(d) ..	Wednesday and Thursday, a.m. . .	80	-	-	-	-	-	-	-	773	773	-	-	-	-	-	1325	1,325
Clowne. Creswell Road (f) ..	2nd and 4th Wednesday, p.m. . .	19	-	170	-	-	-	-	-	-	170	-	202	-	-	-	-	202
Derby. Walker Lane (b) ..	Each Monday, a.m.	43	-	-	40	9	581	-	-	630	630	-	-	42	14	593	-	649

TABLE D
Annual Return of Orthopaedic Work—Year ended 31st December, 1957

Children Attending Maintained Schools																									
Orthopaedic Clinic	When Held	Actual Number of Clinic Sessions	Number of Individual Children who attended during the year						Total Number of Attendances during the year																
			Divisional Executive						Divisional Executive																
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total										
Alfreton. Grange Street ..	Thursday, a.m. and p.m.	82	-	28	47	-	-	-	-	-	-	-	-	-	75	267	340	-	-	-	-	-	-	607	
Bolsover. Welbeck Road ..	Friday, p.m. ..	38	-	22	-	-	-	-	-	-	-	-	-	-	22	92	-	-	-	-	-	-	-	-	92
Buxton. Bridge Street ..	4th Friday, alt. months	3	16	-	-	-	-	-	-	-	-	-	-	-	16	-	-	-	-	-	-	-	-	-	16
Chesterfield. Brimington Road ..	1st and 3rd Wednesday, a.m. and p.m. and 2nd and 4th Wednesday, a.m.	61	-	48	-	-	-	-	-	-	4	-	-	-	52	177	-	-	-	-	-	-	22	-	199
Chesterfield Excepted District. Town Hall	Tuesday and Friday	130	-	-	-	-	-	-	-	-	116	-	-	-	116	-	-	-	-	-	-	-	872	-	872
Chinley Lower Lane ..	2nd and 4th Monday, a.m. and p.m.	38	15	-	-	-	-	-	-	-	-	-	-	-	45	-	-	-	-	-	-	-	-	-	45

Clay Cross. High Street	..	Monday, p.m.	..	41	-	55	-	-	-	2	57	-	408	-	-	-	2	410
Derby. County Offices Yard	..	Thursday, a.m. and p.m.	..	96	-	-	12	4	190	-	206	-	-	36	10	1012	-	1,058
Dronfield. The Grange	..	2nd Wednesday p.m.	..	9	-	†	-	-	-	-	†	-	30	-	-	-	-	30
Glossop. Municipal Buildings	..	2nd and 4th Tues- day, a.m. and p.m.	..	37	65	-	-	-	-	-	65	122	-	-	-	-	-	122
Heanor. Wilnot Street	..	Friday, p.m.	..	46	-	-	1	47	-	-	48	-	-	3	388	-	-	391
Ilkeston. Albert Street	..	Wednesday, a.m. and p.m.	..	96	-	-	-	67	-	-	67	-	-	-	422	-	-	422
Long Eaton. 4, Nottingham Rd.	..	Friday, a.m.	..	46	-	-	-	53	-	-	53	-	-	-	445	-	-	445
Matlock. Dean Hill House, Causeway Lane	..	Tuesday, a.m. and p.m.	..	82	6	-	38	-	7	-	51	26	-	214	-	54	-	294
Shirebrook. Cliff House	..	Friday, a.m.	..	38	-	11	-	-	-	-	11	-	59	-	-	-	-	59
Staveley. Lime Avenue.	..	Monday, a.m.	..	41	-	33	-	-	-	-	33	-	217	-	-	-	-	217
Swadlincote. Alexandra Road	..	1st and 3rd Tues- day, a.m. and p.m.	..	50	-	-	-	-	69	-	69	-	-	-	-	364	-	364
Totals ..	..	..	..	934	102	197	98	171	266	122	956	209	1250	593	1265	1430	896	5,643

† Sessions attended by Orthopaedic Physiotherapist only—figures included in those for Chesterfield, Brimington Road, Clinic.
(Closed 31/12/57).

HANDICAPPED PUPILS.

The following is a copy of a return made to the Ministry relating to Handicapped Children for the Whole Administrative County—Year 1957.

Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Hand- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total (1)–(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year :—										
A. Handicapped pupils newly placed in Special Schools or Boarding Homes ..	1	4	10	1	38	7	81	17	3	162
B. Handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes ..	2	2	6	—	43	5	73	16	4	151
On or about 31st January, 1958 :—										
C. Number of Handicapped Pupils :—										
(i) On the registers of special schools as—										
(a) Day Pupils ..	—	1	13	2	71	6	107	49	—	249
(b) Boarding Pupils ..	11	10	48	12	23	19	97	6	13	239
(ii) On the registers of Independent Schools under arrangements made by the Authority	—	—	—	—	1	7	26	4	—	38
(iii) boarded in Homes and not already included under (i) or (ii) ..	—	—	—	—	—	—	—	19	—	19
Total (C)	11	11	61	14	95	32	230	78	13	545
On or about 31st January, 1958 :—										
D. Number of Handicapped Pupils receiving education under arrangements made under Section 56 of the Education Act, 1944:—										
(i) In hospitals	—	—	—	—	49	—	—	—	—	49
(ii) In other groups ..	—	—	—	—	—	—	—	—	—	—
(iii) At home	—	1	—	—	2	33	3	—	1	40
On or about 31st January, 1958 :—										
E. Number of Handicapped Pupils who were requiring places in special schools—										
(i) Total—										
(a) Day	—	—	—	—	2	—	216	—	—	218
(b) Boarding	3	8	3	—	8	6	61	2	2	93

Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Hand- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total (1)—(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Included in the above totals :—										
(ii) Handicapped Pupils who had not reached the age of five—										
(a) awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places	2	—	—	—	—	—	—	—	—	2
(iii) Handicapped Pupils who had reached the age of five but whose parents had refused to give consent to their admission to a special school :—										
(a) awaiting day places	—	—	—	—	—	—	7	—	—	7
(b) awaiting boarding places	—	1	—	—	—	1	6	—	—	8

During the financial year ended 31st March, 1957, the amount spent on arrangements under section 56 of the Education Act, 1944 for the education of handicapped pupils otherwise than at school, was £7,063/0/7d.

The number of pupils on the registers of Hospital Special Schools on or about 31st January, 1958 was 69.

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

The following is an analysis of the preceding Table in Divisional Executive Areas :

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Hand- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
North-west	A	—	—	—	—	1	1	8	2	—	12
	B	—	—	—	—	2	—	2	2	—	6
	C (i) (a) ..	—	—	—	—	—	—	—	—	—	—
	C (i) (b) ..	1	1	3	1	2	2	14	1	—	25
	C (ii)	—	—	—	—	1	1	3	2	—	7
	C (iii)	—	—	—	—	—	—	—	4	—	4
	Total (C) ..	1	1	3	1	3	3	17	7	—	36
	D (i)	—	—	—	—	8	—	—	—	—	8
	D (ii)	—	—	—	—	—	—	—	—	—	—
	D (iii)	—	—	—	—	—	4	1	—	—	5
	E (i) (a) ..	—	—	—	—	—	—	—	—	—	—
	E (i) (b) ..	1	—	—	—	1	1	13	1	—	17
	E (ii) (a) ..	—	—	—	—	—	—	—	—	—	—
	E (ii) (b) ..	1	—	—	—	—	—	—	—	—	1
North-east	E (iii) (a) ..	—	—	—	—	—	—	—	—	—	—
	E (iii) (b) ..	—	—	—	—	—	—	1	—	—	1
	A	1	1	6	—	7	3	8	4	2	32
	B	2	2	5	—	6	3	21	4	3	46
	C (i) (a) ..	—	1	5	—	5	6	4	1	—	22
	C (i) (b) ..	6	2	24	3	7	5	26	2	4	79
	C (ii)	—	—	—	—	—	1	8	—	—	9
	C (iii)	—	—	—	—	—	—	—	7	—	7
	Total (C) ..	6	3	29	3	12	12	38	10	4	117

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
North-east	D (i)	-	-	-	-	16	-	-	-	-	16
	D (ii)	-	-	-	-	-	-	-	-	-	-
	D (iii)	-	-	-	-	1	5	1	-	-	7
	E (i) (a) ..	-	-	-	-	-	-	167	-	-	167
	E (i) (b) ..	2	2	2	-	2	2	8	-	2	20
	E (ii) (a) ..	-	-	-	-	-	-	-	-	-	-
	E (ii) (b) ..	1	-	-	-	-	-	-	-	-	1
	E (iii) (a) ..	-	-	-	-	-	-	4	-	-	4
	E (iii) (b) ..	-	-	-	-	-	-	3	-	-	3
	A	-	-	2	-	-	2	23	1	-	28
	B	-	-	1	-	-	-	10	1	-	12
	C (i) (a) ..	-	-	8	-	-	-	20	-	-	28
C (i) (b) ..	1	1	1	3	2	2	25	-	1	36	
C (ii)	-	-	-	-	-	2	4	1	-	7	
C (iii)	-	-	-	-	-	-	-	2	-	2	
Total (C) ..	1	1	9	3	2	4	49	3	3	73	
D (i)	-	-	-	-	3	-	-	-	-	3	
D (ii)	-	-	-	-	-	-	-	-	-	-	
D (iii)	-	-	-	-	1	3	1	-	-	5	
E (i) (a) ..	-	-	-	-	-	-	16	-	-	16	
E (i) (b) ..	1	1	-	-	-	1	26	-	-	29	
E (ii) (a) ..	-	-	-	-	-	-	-	-	-	-	
E (ii) (b) ..	-	-	-	-	-	-	-	-	-	-	
E (iii) (a) ..	-	-	-	-	-	-	-	-	-	-	
E (iii) (b) ..	-	-	-	-	-	-	1	-	-	1	
South-east	A	-	1	1	-	7	1	25	1	-	36
	B	-	-	-	-	7	1	22	1	-	31
	C (i) (a) ..	-	-	2	1	1	-	4	-	-	8
	C (i) (b) ..	1	2	2	-	8	2	12	-	2	29
	C (ii)	-	-	-	-	-	2	2	-	-	4
	C (iii)	-	-	-	-	-	-	-	3	-	3
	Total (C) ..	1	2	4	1	9	4	18	3	2	44
	D (i)	-	-	-	-	8	-	-	-	-	8
	D (ii)	-	-	-	-	-	-	-	-	-	-
	D (iii)	-	-	-	-	-	5	-	-	-	5
	E (i) (a) ..	-	-	-	-	-	-	29	-	-	29
	E (i) (b) ..	-	2	1	-	2	-	1	1	-	7
	E (ii) (a) ..	-	-	-	-	-	-	-	-	-	-
	E (ii) (b) ..	-	-	-	-	-	-	-	-	-	-
	E (iii) (a) ..	-	-	-	-	-	-	2	-	-	2
	E (iii) (b) ..	-	-	-	-	-	-	-	-	-	-

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- leptic	Total (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
South	A	—	—	1	1	4	—	14	1	1	22
	B	—	—	—	—	7	—	13	1	1	22
	C (i) (a) ..	—	—	5	1	—	—	19	—	—	25
	C (i) (b) ..	2	1	9	4	4	5	14	—	2	41
	C (ii)	—	—	—	—	—	1	3	1	—	5
	C (iii)	—	—	—	—	—	—	—	3	—	3
	Total (C) ..	2	1	14	5	4	6	36	4	2	74
	D (i)	—	—	—	—	6	—	—	—	—	6
	D (ii)	—	—	—	—	—	—	—	—	—	—
	D (iii)	—	—	—	—	—	11	—	—	1	12
	E (i) (a) ..	—	—	—	—	—	—	4	—	—	4
	E (i) (b) ..	—	1	—	—	3	—	10	—	—	14
	E (ii) (a) ..	—	—	—	—	—	—	—	—	—	—
	E (ii) (b) ..	—	—	—	—	—	—	—	—	—	—
	E (iii) (a) ..	—	—	—	—	—	—	1	—	—	1
	E (iii) (b) ..	—	—	—	—	—	—	—	—	—	—
Chesterfield	A	—	2	—	—	19	—	3	8	—	32
	B	—	—	—	—	21	1	5	7	—	34
	C (i) (a) ..	—	—	—	—	65	—	—	48	—	113
	C (i) (b) ..	—	3	2	1	—	3	6	3	4	22
	C (ii)	—	—	—	—	—	—	6	—	—	6
	C (iii)	—	—	—	—	—	—	—	—	—	—
	Total (C) ..	—	3	2	1	65	3	12	51	4	141
	D (i)	—	—	—	—	8	—	—	—	—	8
	D (ii)	—	—	—	—	—	—	—	—	—	—
	D (iii)	—	1	—	—	—	5	—	—	—	6
	E (i) (a) ..	—	—	—	—	2	—	—	—	—	2
	E (i) (b) ..	—	2	—	—	—	2	3	—	—	7
	E (ii) (a) ..	—	—	—	—	—	—	—	—	—	—
	E (ii) (b) ..	—	—	—	—	—	—	—	—	—	—
	E (iii) (a) ..	—	—	—	—	—	—	—	—	—	—
	E (iii) (b) ..	—	1	—	—	—	1	1	—	—	3

For the purpose of comparison the main figures for 1956 and 1957 are set out below :—

	1956 Return	1957 Return
A. Handicapped Pupils newly placed ..	170	162
B. Handicapped Pupils newly assessed as requiring education at Special Schools	395	151
C. (i) (a) Attending Special Day Schools	211	249
(b) Attending Special Boarding Schools	252	239
(ii) Attending Independent Schools	41	38
(iii) Boarded in Homes	23	19
D. Education under Section 56—hospitals	54	
Education under Section 56—home tuition	38	40
E. Awaiting admission—day schools ..	261	218
Awaiting admission—boarding schools	116	93
	377	311

I am indebted to Mr. J. L. Longland, the Director of Education for the following comments on the figures relating to Handicapped Pupils :—

“The 1956 return of 395 pupils newly assessed as requiring education at Special Schools included the results of a special survey for the Chesterfield E.S.N. Day School. The figure of 151 for 1957 represents a normal year’s working.

Waiting Lists.—The important part of these statistics is the number of children shown as waiting for places in special schools. At first sight the figure of 311 is alarming : it is worth, therefore, analysing it under each handicap :—

Blind.—Three children over the age of five were waiting for places at the end of the year. One is likely to prove ineducable, she was in fact placed in a school for the blind but proved unsuitable, and efforts are being made to place her in another school : the other two will probably be placed in September.

Partially-sighted.—Eight children were on the waiting list : there is in fact a slight delay in placing partially-sighted children, particularly if they are of limited intelligence, because the Exhall Grange School, Warwickshire, has a waiting list. However two of these children have been placed at Exhall since the beginning of the new year, and two vacancies have been found at the East Anglian School one of which it is hoped has been taken up and another will shortly be filled.

Deaf.—Three children were on the waiting list : two have since been placed : the third is rather young and not yet ready for school.

Delicate.—A waiting list of ten : all of very short duration.

Physically handicapped.—A waiting list of six : one has since been placed : four are not yet quite ready for admission to a special school and are to be reviewed during the year.

Educationally Sub-normal.—This is a most formidable waiting list : 277, of whom 216 were waiting for places in day schools and sixty-one for places in boarding schools.

Of the 216 day school pupils, 167 represent the waiting list for the new Chesterfield School. The remaining forty-nine are on the waiting list for the Brackenfield School but this is not a realistic figure : it includes in fact all the children who have been considered for places at Brackenfield but many of them are making reasonable progress in their ordinary schools : their names are retained on the waiting list as a means of reviewing their progress at intervals.

The figure of children waiting for places in day schools, however, underestimates the true position because no waiting list for the area to be served by the Ripley School has been compiled yet.

The waiting list of sixty-one for boarding places is divided almost equally between boys and girls : again most of them have been considered for places at Overseal or the John Duncan School and are being kept under review.

Maladjusted.—A waiting list of two : one has been placed since the beginning of the year and it is considered that the other case can now be closed. There are no children awaiting placement in Stretton House Hostel.

Epileptic.—A waiting list of two, both are recent cases and may be placed in September, 1958."

Special Reports.

(1) *Overseal Manor (E.S.N. Boys') Special Residential School.*—The following report has been provided by Dr. Malcolm Allan who regularly visits this school :—

"Overseal Manor Special School has been visited each term, and at other necessary times. The children improve mentally and physically, and the whole atmosphere of the school is very good, resembling that of a large happy family."

(2) *John Duncan (E.S.N. Girl's) Residential Special School.*—Dr. G. Cochrane, the School Medical Officer who visits this School, has reported that it "continues to render good service to those children who have been lucky enough to obtain admission."

(3) *Talbot House, Glossop.*—Dr. M. Sutcliffe, the School Medical Officer who is in regular and frequent contact with this School for children suffering from cerebral palsy, has reported as follows :—

"Three routine medical inspections were carried out during the year at Talbot House School for Spastics and many visits were made in a general supervisory capacity. Two pupils were admitted during the year and one was transferred to an ordinary school. Two of the children spent a considerable time in an Orthopaedic Hospital in Manchester undergoing further investigation and operative treatment. Unfortunately, the Physiotherapist resigned in July in order to undertake research work in America and it has not been possible to appoint a successor.

Apart from upper respiratory infections and minor skin complaints, the children kept well and were not affected by the influenza epidemic which so severely depleted the staff in September that the school had to close a fortnight earlier than usual for the half-term holiday.

I have been interested in an investigation which concerned some of the children at Talbot House Special School.

Many spastic children have speech defects which are considered part of the general motor disturbance but it is not known to what extent the disabilities in speech are associated with defects in hearing. In order to estimate the extent of this association, if any, all the children with speech defects were investigated for defective hearing at Manchester Children's Hospital, the pure tone audiometer being used to ascertain the degree of deafness. A total of seven children were tested but only one child was found to have any loss of hearing, which fortunately was not of sufficient degree to necessitate special educational arrangements by reason of the defect."

Miss Curry, the Speech Therapist who treats the children at Talbot House School, has commented as follows :—

"At Talbot House, speech therapy has been carried out for seven sessions per week during 1957. Ten children have received treatment and in most cases reasonable progress has been made. Apart from during the month of September, when the school curriculum was greatly upset as a result of 'Asian' flu' among the teachers and house-mothers, speech therapy has been regularly attended."

(4) *Stretton House Hostel*.—Dr. Morris has commented that "At Stretton House Hostel the boys are physically healthy, well cared for and happy. Marked unhappiness or distress amongst the boys occurs now and again following letters from home, a visit from parents or a vacation at home.

At the hostel the lads are introduced to an organized way of living which includes plentiful physical exercise that is needed and enjoyed.

Praise should be given for the work done at Christmas in decorating the hostel thus giving it a charming air of festivity, and in making all the boys as happy as possible at Christmas time."

Cardiac Register

During the year under review one of the Medical Officers of the Ministry of Education suggested that in order to obtain a record of the incidence of cardiac defects over a number of years, a "cardiac register" should be established by the Authorities in the North Midlands Division, which is ideally suited to this purpose geographically because four of the counties have a hospital centre in the County Town which is in each instance the only County Borough, to which centres cardiac cases would naturally be referred for a consultant's opinion. If all the Authorities agreed to participate, the investigation would cover some 550,000 school children and in size alone should be of major importance.

The investigation consists of the observation of organic heart disease (rheumatic and congenital) and should give useful evidence relating to the alleged decline of rheumatic heart disease and provide a pool of knowledge in regard to congenital heart disease which should prove useful as further developments appear in cardiac surgery. If a School Medical Officer discovers abnormal cardiac physical signs during his examination of a pupil he may decide that the signs are "innocent," in which case no further action is called for. He may, on the other hand, decide that the signs merit further investigation. In the majority of cases such children will ultimately obtain the opinion of a cardiologist or paediatrician as to the probable diagnosis. Where this opinion favours an organic cause (it cannot always be definite) the child's name is to be included in the cardiac register. Such children are to be subject to at least an annual special medical examination.

The Ministry feels that as regards rheumatic heart disease this investigation will afford an opportunity for studying the general incidence, relapse rate, ultimate state on school leaving, and the relationship of relapses to school streptococcal infections. As regards congenital heart disease, besides the usual data to be expected from a survey, there is the relationship to maternal infections, and their epidemiological features. An assessment will be made of the child on leaving school and the information will of course be useful in giving any necessary advice in relation to future employment.

Cases reported to Local Health Authority.

During the year the following numbers of pupils were reported by the Education Authority to the Local Health Authority, as being ineducable (section 57 (3), Education Act, 1944), and as requiring supervision after leaving school, by reason of a disability of mind (section 57 (5), Education Act, 1944):—

Divisional Executive	Under section 57 (3) of the Education Act, 1944		Under section 57 (5) of the Education Act, 1944	
	Boys	Girls	Boys	Girls
North-west	5	1	1	—
North-east	13	8	—	—
Mid-Derbyshire	5	5	—	1
South-east	4	2	1	—
South	6	2	—	1
Chesterfield	2	1	—	—
Totals ..	35	19	2	2

Maladjusted Pupils

The establishment authorises the appointment of a whole-time and a part-time Children's Psychiatrist. The Sheffield Regional Hospital Board, in consultation with the County Council, has appointed Dr. D. J. Salfield to act as Consultant Children's Psychiatrist in the part of the administrative County which lies within the area of the Board; he devotes the majority of his time to the treatment of maladjusted children. As regards the part of Derbyshire within the area of the Manchester Regional Hospital Board, a few cases are referred from time to time to the Psychiatrist for that Region for treatment.

The establishment for Educational Psychologists, who serve part-time in the child guidance team, was increased from four to five Officers towards the end of 1956. Four of the posts were filled throughout the year and the fifth post was occupied from 1st July, 1957.

These five Officers serve part-time in the Child Guidance Service and the aggregate amount of time is equal to approximately 1.8 whole-time staff.

For many years it proved impossible to obtain the services of a qualified Psychiatric Social Worker, but on 1st October, 1957, Mrs. S. M. Hollingworth, took up duty in this capacity. Miss Joyce Martin served as a whole-time Social Worker until the end of September, and Mrs. Ives was employed throughout the year as a Social Worker, half-time, in connection with the child guidance facilities at the Children's Centre, Brambling House, Chesterfield.

The following report has been received from Dr. D. J. Salfield:—

“The Child Guidance Service has been further consolidated in the past year by the establishment of closer relations and co-operation with other agencies. The addition of a second Senior Educational Psychologist has been conducive to more intensive work, especially in the south of the county, and a number of children who would

not otherwise have received our attentions have thus been served. The addition of a qualified Psychiatric Social Worker has extended the scope of the Service considerably and psychotherapeutic treatment of families is beginning to be more effective, as several members of a family can now be simultaneously treated by different members of the staff and tensions which arise when the same therapist has to deal with several members of the same family are thus avoided.

We feel, nevertheless, that we are still restricted largely to advisory work and psychotherapy of the more superficial order as the lack of adequate accommodation persists—a problem which it is hoped will finally be overcome by the erection of the new clinic in Derby.

The need for play therapy has become evident on many occasions in which it was felt that type of treatment would have offered a solution to the patient's problems.

Very much more regular and frequent visits are now made by the team to the Hostel for maladjusted children than hitherto, with great benefit to all concerned.

As the number of referrals in the hospital clinics and at Brambling House, Chesterfield, have increased from forty-six to sixty-four and 108 to 123 respectively, the conclusion may be drawn that the referring agents tend to avoid the county clinics; this is a trend which needs to be counteracted energetically and with the improvement of facilities undoubtedly will be done. The types of therapy and the types of referred patients are largely of the same kind as in previous years, the numerical details of which are listed.

The Psychiatrist has on one occasion had the advantage of meeting the assembled School Medical Staff, including a number of Health Visitors, and was privileged to address them. The ensuing discussion of certain problems was very much enjoyed by him and the impression has been gained that the personal contact has been beneficial to the Service.

To increase our usefulness to the Health Service in the future the Child Guidance team intends to propose periodic case demonstrations and conferences to which our colleagues in the different sections should be invited to attend to contribute, and it is hoped that our services might also be taken advantage of for preventive purposes, such as for ante-natal, post-natal, pre-school children and the prevention of mental ill-health through appropriate placement of deprived children.

We have been fortunate in keeping the interest of the School Medical Staff and in especial, its chief."

Statistical Information (excluding work done at Brambling House, Chesterfield)—

CHILD GUIDANCE WORK	Divisional Executive					Totals
	North-west	North-east	Mid-Derbyshire	South-east	South	
(1) Cases Closed during 1957 :—						
(i) Adjusted	—	1	12	6	10	29
(ii) Improving	1	—	3	4	4	12
(iii) Unadjusted	—	—	1	3	—	4
(iv) Miscellaneous	1	—	2	12	4	19
(v) Diagnostic and advice only	1	2	3	1	5	12
Totals	3	3	21	26	23	76
(2) Cases having regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—						
(a) Psychiatrist—						
(i) Making satisfactory progress	—	—	3	9	4	16
(ii) Some improvement ..	—	1	1	1	2	5
(iii) No improvement	—	—	1	2	—	3
Totals	—	1	5	12	6	24
(b) Educational Psychologists :—						
(i) Making satisfactory progress	1	—	1	—	2	4
(ii) Some improvement ..	1	—	2	—	—	3
(iii) No Improvement	—	—	—	—	—	—
Totals	2	—	3	—	2	7
(3) Cases having only Occasional Interviews, or under Supervision :—						
(i) Making satisfactory progress	9	11	22	22	27	91
(ii) Some improvement ..	8	1	9	4	2	24
(iii) No improvement	2	1	3	9	7	22
(iv) Diagnostic and Other ..	5	1	8	12	14	40
Totals	24	14	42	47	50	177
(4) Cases Recently Opened ..	4	1	6	4	3	18
(5) SUMMARY :—						
(i) Number of "current cases"	26	15	50	59	58	208
(ii) Number of "closed cases"	3	3	21	26	23	76
Total Number of Cases dealt with during 1956 ..	29	18	71	85	81	284
(6) Number of Cases on Waiting List for first interview as at 31st December, 1957 ..	—	—	—	—	—	—

CHILD GUIDANCE WORK	Divisional Executive					Totals
	North-west	North-east	Mid-Derbyshire	South-east	South	
(7) Psychiatrist's Interviews with Patients	1	3	73	176	70	323
Psychiatrist's Interviews with Parents	—	1	48	130	63	242
Psychiatrists' Visits :—						
(i) to Schools	—	—	—	—	—	—
(ii) to Homes	4	2	—	2	1	9
(iii) to Institutions	2	32	1	—	1	36
Total number of siblings of patients seen	—	—	2	4	—	6
Number of Interviews with Probation Officers, Social Workers, etc.	—	1	3	1	2	7
Number of Reports to Magistrates						8
(8) Educational Psychologists' Visits :—						
(i) to Schools	38	55	47	19	29	188
(ii) to Homes	37	31	26	22	24	140
Number of Child Guidance Cases tested	50	23	60	58	94	285

The following Table indicates the sources from which patients were referred to the Child Guidance Service during the year :—

School Medical Officer	38
Private Doctors	22
Hospitals	10
Teachers	14
Courts and/or Probation Officers	7
Others	16

Speech Therapy

The establishment permits the employment of eleven Speech Therapists (including one in Chesterfield Excepted District and one mainly at Talbot House Special School). At the end of the year the numbers actually employed were six whole-time and two part-time Officers. It is hoped to be able to fill the vacancies as more qualified Speech Therapists become available. The following are particulars of the speech therapy clinics (April, 1958):—

<i>Clinic</i>	<i>Held on</i>	<i>Speech Therapist</i>
Alfreton	Mondays and Wednesdays ..	Miss Burgess
Ashbourne	Mondays a.m. and Tuesdays	Miss Creed
Bolsover	Thursdays	Miss Adams
Chesterfield ..	Tuesdays	Miss Adams
(Brimington Rd.)		
Clay Cross	Thursdays	Miss Burgess
Clowne	Mondays and Fridays ..	Miss Adams
Derby	Mondays, Thursdays and Fridays	Mrs. Marsh
Frecheville	Thursdays	Mrs. Smith
Glossop	1st, 3rd and 5th Tuesdays p.m. and Fridays p.m. ..	Miss Curry
Hackenthorpe ..	Mondays	Mrs. Smith
Hatton	Mondays p.m.	Miss Creed
Heanor	Tuesdays and Fridays ..	Miss Burgess
New Mills	Wednesdays p.m.	Miss Curry
Staveley	Wednesdays	Miss Adams
Swadlincote ..	Wednesdays, Thursdays a.m. and Fridays	Miss Creed

(Note : Speech therapy sessions are also conducted, by Miss Wright, at clinics in Chesterfield Borough for children resident in the Borough).

I asked the Speech Therapists to let me have their observations on the work in the areas during the year, and the following are some of the comments they have made :—

MISS E. ADAMS : "The speech clinics in Clowne, Staveley, Bolsover and Chesterfield were re-opened in September after being closed for nine months. The urgent need for speech therapy in this area has been shown by the fact that there is a waiting list of seventy-five children.

So far all treatment has been individual but several groups of stammerers are to be formed in the new year which will help to accommodate more patients.

Since September seventy-five patients have been treated, their attendance has been good, and parents and teachers have shown willing co-operation in all respects. Nine schools have been visited, as also have both Brambling House and the Charles Clifford Dental Hospital, Sheffield, in either case to gain information and help regarding particular patients."

MISS A. BURGESS : "No Speech Therapy Clinics were conducted at Heanor and Clay Cross in 1957, so this report refers to the last few months of the year.

Two days a week have been spent at Alfreton and Heanor Clinics and one day a week at Clay Cross. Previously clinics had been held three days in the week at Alfreton so there has been some slight

problem here. It seemed wrong to suspend the treatment of current patients, particularly in view of the long waiting list there, so groups of stammerers and small groups of children with articulation defects have been formed and this expedient has proved to be generally successful as a treatment procedure.

At the Heanor and Clay Cross Clinics the initial weeks were spent in recalling former patients. This revealed the interesting but not unexpected fact that whilst the stammering cases had regressed or remained static, some of the children with articulatory defects of a functional nature had improved or recovered spontaneously during the break in speech therapy. As defects of this kind are often defects of maturation this is hardly surprising, but perhaps this is what leads some members of the medical profession to the erroneous view that 'if there were no speech therapists, there would be no speech defects.'

School visits have been conducted and the co-operation given by the school staffs has been invaluable in these initial stages of the work."

MISS A. CREED: "During the first three months of 1957 no speech therapy was given at Ashbourne and Swadlincote, so this report therefore refers to the period April to December.

A great deal of time has been spent in reviewing and retracing former patients, until a reasonable speech therapy time-table could be established. Most schools in the Swadlincote area have been visited and Head Teachers have been most co-operative in every way. Most schools in Ashbourne and surrounding district have been contacted but some children in the more rural areas find it difficult to attend the clinic owing to infrequent 'bus services.

Speech therapy has been given individually but in a few cases group therapy has proved more beneficial. All cases have made some improvement, especially those with articulatory defects. Progress fluctuates with stammerers but some improvement has been made, and attendance throughout the year has been good. Much valuable help has been given by Health Visitors, Doctors and School Staff."

MISS E. CURRY: "During 1957 very pleasing progress has been made by many patients receiving speech therapy. This is due partly to the fact that close contact has been possible with the parents who bring their children for speech therapy and learn what is required of them at home—home-practice is a most important part of treatment in the majority of cases; and also that School and Medical Staff have co-operated in referring children for treatment and in providing helpful information.

With regard to treatment being carried out at two schools during one session every fortnight, after several months' trial this proved impracticable and therefore cases at one school have been discontinued until vacancies occur at the central clinic. The remaining children receiving 'school treatment' are responding well. A few other cases have had treatment discontinued owing to persistent poor attendance, but in general attendances have been good apart from during the holiday periods."

MRS. M. MARSH: "Clinics have been held for three days a week throughout the year at Walker Lane, Derby. The case load has been a little heavier than last year and has created a short waiting list. Articulatory defects continue to form the bulk of children requiring treatment, but there has been a slight increase in the cases of stammering.

In July, with the kind permission of Dr. Morgan, I was invited to adjudicate at a speech contest which was held at Allestree County Primary School, as part of their Speech and Musical Festival. This proved a very interesting experience, and although not directly concerned with my work with speech defective children, I felt that the stimulation of interest in speech brought by the event was very helpful.

An increase has been made in the number of schools visited and all the staff continue to be most co-operative. Results of treatment, and attendances, have also been satisfactory."

MRS. M. E. SMITH : "At the beginning of the year four sessions per week were divided equally between the clinics at Dronfield and Frecheville. But as demand lessened at Dronfield and increased at Frecheville it was decided to continue the weekly Thursday sessions at Frecheville and, in addition, to hold sessions there on the second and fourth Tuesdays of the month—the Dronfield Clinic being held on the first, third and fifth Tuesdays. During October Mrs. Kearney took over the Dronfield Clinic and the original four sessions were again shared equally between two clinics—Frecheville and Hackenthorpe. It is only since October that four weekly sessions have been allotted to this area. However, since that time the waiting list has been reduced from over fifty to twenty-one. It is hoped this number will be reduced further, early in the new year.

Results of treatment in all cases, bar one, have been good. The remaining case was removed by a grandmother who found the journey to the Clinic too tiresome. School and parent co-operation remains very good."

MISS H. WINTER : "Clinics have been conducted from January to September at Belper and Alfreton, and at Belper, Ilkeston, Long Eaton and Derby from October to the end of the year. Attendance was at its lowest during the summer holidays and the 'bus strike, but on the whole it has been good, only a small number of children failing to attend with any regularity. Accommodation has not been very satisfactory and in most clinics there have been changes of rooms which have temporarily upset the children.

The numbers discharged have been encouraging, and there are at the moment twenty-one children in the last stages of treatment. Most of these are articulatory cases, but there has been an improvement, though less marked, in the cases of stammering. Group work has been tried, but it was found that most children reacted better to individual treatment.

Work throughout the year has been devoted to the clinic and unfortunately, very little time has been spent in school visiting. The waiting list has at last been reduced to thirty so this should give an opportunity for visiting in the near future. It is unfortunate that during the year very few cases have been referred directly by the teachers at the schools. Much valuable time will be lost if the child has to wait until the Speech Therapist visits the school before he is referred for ascertainment as being in need of treatment.

Speech Therapy has been welcomed by teachers and parents alike. There has been an increase in co-operation from parents over both working at home and attendance, and this in turn has helped to minimise the period of treatment required by a child."

SPEECH THERAPY	Divisional Executive					Totals
	North-west	North-east	Mid-Derbyshire	South-east	South	
(1) Number of Patients who received Treatment during the year :—						
New Cases—						
Stammerers	3	17	7	4	14	45
Articulation Defects ..	23	68	31	14	43	179
Other Speech Disorders ..	1	5	5	2	2	15
Old Cases—						
Stammerers	15	39	24	8	30	116
Articulation Defects ..	24	35	59	40	95	253
Other Speech Disorders ..	1	10	8	2	3	24
Total Number of Individual Patients	67	174	134	70	187	632
Total Attendances for Treatment	759	1692	1514	414	1971	6350
(2) Results of Treatment of Cases seen during 1957 :—						
Cases Closed :—						
Stammerers—						
Cured	—	3	1	1	1	6
Improved	7	2	2	1	7	19
Not improved	—	—	—	—	—	—
Discontinued for various reasons	5	11	1	—	3	20
Articulation Defects—						
Cured	7	22	21	6	38	94
Improved	3	4	—	—	10	17
Not improved	—	—	—	—	3	3
Discontinued for various reasons	21	14	7	—	8	50
Other Speech Disorders—						
Cured	—	2	2	—	—	4
Improved	—	3	—	—	1	4
Not improved	—	—	—	—	—	—
Discontinued for various reasons	1	2	1	—	2	6
Total number of Cases Closed	44	63	35	8	73	223
Cases Still Under Treatment—						
Stammerers	11	40	14	10	28	103
Articulation Defects ..	21	61	36	37	87	242
Other Speech Disorders ..	2	9	6	7	4	28
Cases seen once for initial examination and advice only ..	18	24	2	2	24	70
Total Number of Cases already seen, Carried Forward to 1958	52	123	58	56	144	433

SPEECH THERAPY	Divisional Executive					Totals
	North-west	North-east	Mid-Derbyshire	South-east	South	
(3) Number of Patients Waiting to be seen for the first time, as at 31st December, 1957	13	123	115	20	46	317
(4) Visits :—						
To Schools	26	13	12	2	32	85
To Homes	—	4	4	—	30	38
(5) Number of Interviews with Parents	65	240	183	17	238	743
(6) Total Number of Sessions conducted at Clinics						1,591

MEDICAL EXAMINATIONS OF CHILDREN FOR EMPLOYMENT

During the year the School Medical Officers examined 558 pupils desiring to undertake part-time employment. Certificates of fitness were given in 552 instances, and in six cases it was decided that the suggested employment would be prejudicial to the health or physical development of the children and render them unfit to obtain proper benefit from education.

PREVENTIVE INOCULATIONS

The various schemes for giving preventive inoculations under the National Health Service Act are considered in detail in my Annual Report as County Medical Officer of Health, but it is thought that it would not be out of place to refer to them briefly in this Report because of their effect on school children as well as others. Before turning to particular inoculations, however, I should like to record my appreciation of the considerable assistance given by Teachers to the medical and nursing staff in furthering various aspects of the immunisation schemes for school children.

Diphtheria.

Children should be immunised against diphtheria shortly before reaching their first birthday, and it is desirable that a reinforcing dose be given when school life begins. The arrangements for providing this form of prophylaxis have remained similar to those of previous years.

Poliomyelitis.

Vaccination against poliomyelitis was instituted in this country during 1956 and I wrote at length on the subject in my Annual Report for that year.

At the end of 1956 the Minister of Health intimated that it was hoped that during 1957 regular supplies of the vaccine would become available for distribution to Authorities to enable all the children already registered to be vaccinated with two injections. General medical practitioners were to be invited to take part in the scheme. In May, 1957, the Ministry of Health indicated that when the children already registered had been vaccinated, the following should be offered vaccination—children born in 1955 and 1956 ; children born in 1947-1954 inclusive, who had not hitherto been registered.

However, in November, 1957, it was announced that more British vaccine would become available and it would be supplemented by "Salk" vaccine manufactured in Canada and the United States. The imported vaccines would be required to pass in this country the same safety and other tests as are applied to the British vaccine. As a result of this increase in the supplies of vaccine, Local Health Authorities were asked to make a continuing offer of vaccination to children born in 1943-1956 inclusive, to those born in 1957 who have reached the age of six months, and to expectant mothers. Vaccination should also be offered to general medical practitioners and to local authority ambulance staff, as being specially exposed to infection, and to the families of those two groups. Further, the staff at hospitals where poliomyelitis cases are treated during the infectious stage are eligible for vaccination, as well as their families. No Salk vaccine had been received by the end of the year under review, but the extended scheme came into operation in December.

On 19th November, 1957, the Ministry of Education issued Administrative Memorandum No. 561, in which it was stated that the Minister of Education was "confident that local education authorities will co-operate closely with local health authorities in the arrangement for school children. He hopes also that they will collaborate in any measures for giving priority to the work of vaccination, if necessary, by deferring some of the normal and less urgent work of the School Health Service." I am happy to say that the Derbyshire Education Authority is always prepared to co-operate to the full in any measures which are designed to improve the health and well being of the children for whom it is responsible.

Up to 31st December, 1957, 16,666 patients had received two inoculations with anti-poliomyelitis vaccine, and a further 1,820 had been given the first injection.

B.C.G. Vaccination against Tuberculosis.

Towards the end of 1956 the County Health Committee decided to seek the Minister of Health's approval to an amendment of their Proposals under section 28 of the National Health Service Act, to enable the Authority to offer B.C.G. vaccination against tuberculosis to classes of persons approved by the Minister. It was also agreed, having regard to the advice given by the Ministry of Health, to introduce gradually a scheme for vaccinating, with B.C.G., children between their thirteenth and fourteenth birthdays, as the necessary staff, equipment, etc., became available. (This age was chosen because it would enable the great majority of children to be vaccinated in their penultimate year at school, and to leave school with such protection as the vaccine affords). Arrangements were made for School Medical Officers to be trained in the necessary techniques required for tuberculin testing and vaccination. As mentioned earlier in this Report, the County Council also authorised the appointment of up to six additional Medical Officers (to be appointed in the light of experience) to enable this extra work to be carried out.

Owing to pressure of work—particularly the implementation of the poliomyelitis vaccination scheme—it was not practicable to commence this B.C.G. scheme until towards the end of 1957, when a start was made in the South-east of the County. However by the end of the year 442 children in four schools had been tuberculin tested, and of 330 children for whom vaccination was advised, 329 were vaccinated. At the time of drafting this Report, steps are being taken to expand the scheme in the south-east and south of the County, and to extend it into the north-east. Arrangements have also been made for a further group of Medical Officers to receive the necessary training to enable them to perform this work.

“Asian ‘flu.”

Reference was made earlier in this Report to an epidemic of influenza which occurred in this Country towards the end of the year under review. The Ministry of Health drew attention to a vaccine which was designed to give protection against Asian type influenza, and whilst they felt there was no medical necessity for general vaccination against so mild a disease, they proposed that vaccination be offered to certain groups of doctors, nurses and others who were specially exposed to infections and on whom any epidemic places an exceptionally heavy burden. Whilst general medical practitioners desiring such vaccination made their own arrangements for the inoculations to be carried out with material obtained through the local health authority, the services of the M. & C.W. and School Medical Officers were used to deal with the medical, nursing, home help and ambulance staffs of the County Council who requested vaccination.

REPORTS RECEIVED FROM SCHOOL MEDICAL OFFICERS

Dr. F. J. Burke has provided the following special report, to which reference was made on page 8 :—

“Observations on some changes in the School Health Service during the years 1923—1957.”

It is my intention to note the changes which I have seen in the scope of, and in the results achieved by the School Health Service during the period under review, especially the change of emphasis from the ascertainment of defects towards the ideal of positive health which is the aim of this, as of other branches of truly preventative medicine to keep healthy children healthy and to help the handicapped to overcome or lessen their disabilities. The change of name from School Medical Service to School Health Service may be thought to indicate change in the purposes served thirty years ago in contrast with those served to-day. My term of service as a school medical officer began in 1923 when the service according to the provisions of the Education Act of 1907 had been in operation for a considerable time so that I can give only my impressions formed during my service, which was entirely with the Derbyshire County Council from 1923 onwards. This review is concerned with the School Health Service only, and not with my other duties.

When I began my work most of the time allotted to the work of the School Medical Service was spent in medical inspections at schools, i.e. ascertainment of defects. Children were examined on entry at five years of age, at eight years as intermediates, and at twelve as leavers in Elementary Schools. At Secondary Schools and Grammar Schools all the pupils were examined every year from entry to leaving school. Children under five years did not attend school because nursery schools and nursery classes were not in existence. At the present time pupils are examined at five years, or earlier if they have been admitted to a nursery class, and the latter are examined again at five years. Later examinations are performed now on transfer of pupils at eleven years to Secondary Modern or Grammar Schools and at fourteen years or during their last year at school, as the case may be. Special examinations are performed at school more frequently now because of increasing attention to, and increasing facilities for, treatment of handicapped pupils. These cases require more frequent examinations than do other pupils. Special visits are made to schools for the purpose of immunisation against diphtheria, which was not in the scheme of work until the immunisation campaign began in 1940. Many visits were paid to schools before 1940, in connection with infectious diseases especially diphtheria for the purpose of tracing contacts. The practical elimination of diphtheria at the present time has rendered this work unnecessary as concerned with diphtheria. Other special examinations are performed now at schools to decide the fitness of pupils to take part in sports, etc., at secondary and grammar schools.

The method of reporting defects found at medical inspection in 1923 differed from the procedure used now, which has been

simplified. In 1923 the names of pupils found to have defects were entered in the medical log book as requiring treatment or observation. The Log Book was sent then to the County Medical Officer. Letters were sent from the County Offices to the parents of children who required treatment through the Head teacher requesting the parents to get treatment for the children. There were also special post cards for issue to parents who wished their children to be treated for defective vision or other eye defects, or to have operation for tonsils and adenoids performed at the County Clinics. The "G Notice," which is still in use, was issued to parents to be taken to their family doctors for treatment of other defects and ailments. Special reports on mental and physical defects were made on the prescribed forms, as at the present time. The children whose names had been entered in the log book were re-examined at the next inspection, and if necessary were referred again for treatment. The names of the children examined were entered on the special "Kalamazoo" sheets on which the findings of medical inspection were reported. The "Kalamazoo's" and log book were replaced later by a simpler form of report.

Clinics—In 1923 County Clinics were in operation for treatment of ophthalmic defects, for ear, nose and throat diseases, for minor ailments, and for treatment of scalp ringworm by x-rays. In 1924 treatment of orthopaedic defects was begun at clinics which were opened at Derby, Chesterfield and at other centres. Until Bretby Hall was opened cases requiring treatment other than exercises were referred to the Orthopaedic departments of hospitals at the most convenient centres. Visual defects were treated at the County Clinics or at the hospitals, at the discretion of the doctors in attendance. Treatment of ear, nose and throat defects, was given at the County Clinics by County Specialists, who also for some years performed operations on tonsils and adenoids at the clinics, the patients being kept in the clinics for the night following operation if necessary. Ear, nose and throat defects were treated also of course at hospitals at the discretion of the family doctors and specialists. Operations at the Clinics were discontinued after some years, all cases for operation on tonsils, etc., being referred to hospital.

Minor Ailment Clinics.—These were attended on fixed days as at the present time. Skin diseases, minor injuries, eye defects, ear disease were the ailments most frequently treated, cases requiring other than the simplest treatment being referred to their family doctors. Consultations about the diagnosis and treatment of handicapped children were not held as frequently as they are now. These clinics are used now largely for consultations. The attendances for minor ailments have decreased, and special examinations of handicapped children and sessions for immunisation against diphtheria and poliomyelitis now occupy most of the sessions in my experience. Parents bring their children more frequently for examination, and they appreciate the help which they can get from the school doctors. The attitude of parents towards medical inspection has changed. When I joined the service some parents disliked medical inspection. Some children who attended school regularly at other times were kept away from school when medical inspection was to

be held. Parents of other children refused to allow their children to be examined. I remember one occasion on which a mother sent a letter to the Head Teacher, "I don't want my girl examining I don't like stripping and when she is ill I will take her to a proper doctor." Letters to parents were ignored sometimes, and children came up time after time for re-examination with their defects unremedied. Of course these remarks do not apply to the majority of parents, who as a rule have been deeply interested in the welfare of their children, but there was a certain atmosphere of suspicion about the purpose of medical inspection at the early stage. Now there is very active co-operation on the part of the parents. The zeal and patient explanation by the Health Visitors and School Nurses have done much to encourage parents to make use of the help provided by the School Health Service. Parents now seek advice more freely on matters which are the special concern of the school medical officers, and they co-operate more in making the treatment effective.

During the early years of my term of office some Head Teachers were inclined to regard medical inspection as an interruption of their teaching activities, and in fact as a work of very much less importance than teaching. The majority of teachers were very helpful but at the same time they were doubtful whether the results achieved were worth the efforts expended.

The great increase in the educational facilities for educational treatment of handicapped pupils has done much to dispel the doubt, and to encourage Head Teachers to bring forward any pupils about whom they wish to be advised regarding special care or educational facilities, etc.

Relations with some of the general practitioners were at first far from cordial. The school medical officer was regarded sometimes as disturbing the parent-family doctor relations, and as taking away work which should be dealt with exclusively by the family medical practitioners. Of course this was not so, but there was that opinion among some practitioners. Now there is a much happier state of affairs. Practitioners avail themselves freely of the help that can be given by the School Health Service, and especially of the facilities which are available for treatment of handicapped pupils. The reports which are received from hospitals are most helpful also.

Handicapped Children.

Blind Children.—The treatment of blind children has not altered much during the period under review. (1). Schools for the blind have been in existence for a long time. Blind children are in need of special care from a very early age and admission to a special nursery, which is being effected to an increasing extent, is advisable. The requirements of partially sighted children now, in my opinion, are dealt with better than formerly, by special schools and classes for the partially sighted.

Deaf Children.—There have been great developments in the diagnosis and educational treatment of deaf children of every grade from total deafness to slight defects of hearing. The modern methods of audiometry including the "peep show" have made the accurate diagnosis of degrees and range of deafness possible at an earlier age,

and in consequence the education of deaf children has been much improved. Dr. Kershaw has noted these "spectacular developments" in his article in *Public Health* (2). The provision of hearing aids has improved the condition of partially deaf children, many of whom have considerable degrees of hearing, and who may have deafness which the tone controls fitted to modern appliances can do much to relieve. The Royal School for the Deaf, Friargate, Derby, takes most of the children in Derbyshire. There is now separate provision for the education of partially deaf pupils, who are unfit for education in ordinary schools, at special schools for the partially deaf. Speech therapy for partially deaf pupils has made considerable progress.

Physically handicapped children.—The improvement in educational facilities for these children has progressed steadily parallel with the advances in orthopaedics and physiotherapy. When I joined the service most of the physically handicapped children were treated at general hospitals by Orthopaedic Consultants, and were attending ordinary schools in the intervals between periods of treatment in hospital, if they were fit to attend school. The waiting lists for special hospital schools were long, and because of this these children who needed prolonged treatment in hospital or prolonged rest at home were unable to receive proper continuous education. The opening of Bretby Hall Orthopaedic Hospital made a great change for their benefit. Teaching was provided, and pupils who required bed rest were enabled to continue their lessons. Of course, as at the present time, many handicapped children were able to attend ordinary schools with modification of the usual school activities.

Delicate children.—This category is a large one including, asthmatic subjects, rheumatic and congenital heart disease, malnutrition from various causes, blood diseases, endocrine dysfunction, and other disabilities. In addition to treatment by general practitioners and hospital specialists facilities are now available for children requiring treatment at open air day and residential schools, but there are still too few vacancies for some disabilities. Heart hospital schools are a comparatively new form of special school, and they now give education to pupils with rheumatic and other heart diseases for whom prolonged bed rest is indicated. The great advances in heart surgery have improved the prognosis of some congenital heart lesions also, and have rendered their expectation of survival better and have lessened their disability. Some children with congenital heart disease who formerly would have been chronic invalids, can now attend ordinary schools and can take part in most of the school activities with restriction of exercise to their capacities.

Children with active tuberculosis.—Before and in 1923 some beds were in use at Walton Sanatorium for children suffering from active pulmonary, gland, and other tubercular lesions. A teacher was appointed later.

When Bretby Hall was opened cases of bone, joint, and gland tuberculosis were treated at Bretby. The treatment of cases outside hospital and supervision were undertaken by the County Tuberculosis Officers at the Tuberculosis Dispensaries. The Domiciliary

treatment of cases of primary lung, and of active gland tuberculosis often necessitated prolonged exclusion of children from school. Of course the antibiotic and other drugs, which are used now in the treatment of all forms of tuberculosis were not known then. These drugs have improved the prognosis of most tuberculosis lesions to a degree not possible in 1923, and have shortened the duration of hospital treatment.

Children suffering from spastic and allied conditions.—The establishment of special schools for spastics, Talbot House at Glossop for example, has improved the outlook for these children very much. Many of them derive benefit from speech therapy and from physiotherapy, and some of them are being proved to be educable to a degree greater than was thought possible formerly. Those children with severe damage to their mental development are still a problem, but even these are capable of deriving some benefit from training, except the helplessness ones of idiot grade. The formation of Spastic Societies has given new hope to the parents of spastic children.

Educationally subnormal children.—When I joined the service in 1923 day and residential special schools were established in cities and in some large towns, but in rural and industrial areas apart from large centres of population there was little provision for education of educationally backward pupils. When they had been ascertained as 'mentally defective' many of them had to be left in attendance at ordinary day schools, because vacancies could not be found for them in special residential schools elsewhere. It was possible to find vacancies only for those who because of bad home conditions or misconduct could not be left in attendance at ordinary schools or who had been excluded from school. Some of the higher grade defectives were able to learn to read and write a little and to do other simple work, but the results were poor, considering the efforts made to teach them. The classification of backward children, having been altered to 'educationally subnormal' by the Education Act of 1944, does not separate those pupils who are retarded by poor attendance or other causes from those who have been backward in mental development from birth or from an early age who would have been classified as 'feeble minded' under earlier regulations. The latter are now the cases for special schools. The former attend ordinary schools, perhaps in special classes. The boarding special schools in Derbyshire, at Overseal Manor for Boys, and the John Duncan School at Buxton for girls, with places for forty pupils each, and the Long Eaton Day Special School which accommodates ninety pupils, improve greatly the facilities for education of educationally subnormal pupils.

Children suffering from Speech Defects.—Speech Therapy is now available generally for children who need treatment. The mispronunciation of words commonly met with in young children can be corrected by the usual lessons in school, but dyslalia and other serious defects require treatment by a speech therapist. This form of therapy is often a useful adjunct to the treatment of deafness, of motor disorders, and of deformities of the palate. The modern treatment of speech defects has progressed with advances in knowledge of physiology and psychology.

Epileptic Children.—The discovery of new drugs for the control of fits has improved the prospects of education for these children (3). Some of them who have infrequent fits can attend ordinary schools. There is still difficulty in finding suitable accommodation for those epileptics whose mental development is retarded and for those whose psycho-somatic disorders render them unfit for ordinary education. There is now greater interest taken in the problems of epileptics, and the formation of societies for epileptics to help them has progressed considerably since 1945, though colonies and benevolent societies have been in existence since 1894 (4).

Maladjusted children.—The treatment of maladjusted children is now an established specialty. The category is a new one and is the result of the expansion of the Child Guidance Centres since 1945. Of course there have always been maladjusted children, but in the recent studies of child psychiatrists they have been given the attention that they deserve. Child Guidance, and parent guidance which is usually required also, can effect real improvement in many cases but cannot be really effective without the co-operation of the parents. The necessity was seen for providing accommodation in hostels for children who because of bad home conditions or of unsocial habits on the part of the child could not be effectively treated at home. The hostels at Holly House, Chesterfield, and at Stretton House have been opened to supply this need. There is no doubt that many children have their difficulties resolved by treatment.

Children suffering from multiple disabilities still present difficult problems of educational treatment.

School Buildings and Hygiene.—The new school buildings are certainly attractive. The large windows, reaching almost to floor level and the bright decorations help to make the children happy. Ventilation and lighting are much better than in older buildings. The indoor toilet installation, and the provision of wash basins with liquid soap and paper towels, are encouraging personal hygiene and cleanliness.

School Meals and Milk.—These nutritional aids were not provided when I joined the school health service. The provision of milk at school was begun during the slump after the First War. The issue of school milk and the provision of school meals which was started during the Second War, have been continued. There is no doubt in my opinion that these have been very beneficial. Children are now taller and heavier, age for age, than they were in 1923. Their nutrition was well maintained during the war from infancy onwards by special provisions, and school milk and school meals have assisted their growth, though other factors probably are involved. There has been a decline lately in the number of pupils who take school meals, which is not so good. The improvement generally in the standard of living has been a contributory cause, and Infant Welfare starts the good work of keeping the children healthy as far as possible. For example rickets is now a rare disease. I have discussed my impressions recently with experienced school teachers, and there was general agreement among them about the great improvement in the physical condition, clothing and cleanliness of children generally, and in the co-operation of the parents.

The operation of the National Health Service has had some effect on the scope of the School Health Service, because all children are included now in N.H.S. which operates also most of the hospitals. But much is left to be done by the School Health Service, and the prospects are that the work will not diminish though altered in some respects.

Perhaps I may have omitted some observations which might have been included in my discursive survey, but I have omitted nothing which I deemed to be important. That very considerable progress has been made in the thirty-four years which I have reviewed is obvious.

References:

- (1). Kershaw, J. D., Public Health, May 1957.
- (2). (3). *ibid.*
- (4). Craig, W.S., Child and Adolescent Life in Health and Disease.

The following are relevant extracts from reports which I have received from individual School Medical Officers :—

Dr. M. Sutcliffe (Part of N.W. Division) :—

“General Health and Well-being of the Children : With full scale employment and good economic conditions in the area during 1957, the general health and well-being of the children has been maintained and their clothing has been, on the whole, satisfactory. The majority of the children appeared alert, happy and full of energy.

Physical condition of the children : At the medical inspections the children were grouped according to their physical condition into the two following categories :

S (satisfactory) = 97.3%
U (unsatisfactory) = 2.6%

This was the second year in which the above system of classification was used and the percentage of satisfactory children was a little higher than in 1956.

Unfortunately only a small proportion of the children were free from dental defects. The incidence of dental caries showed no improvement and many of the school leavers in the secondary modern schools were indifferent to any teaching or advice on the importance of diet and oral hygiene.

Cleanliness of Pupils : The incidence of infestations with head lice fell from 7.4% in 1956 to 6.5% in 1957, owing to a smaller number of casual infestations. There are still members of certain families who are found to be constantly re-infested year after year in spite of the issue of preparations containing D.D.T. Their efforts at cleansing all members of the family, old and young, are so slovenly and ill-maintained that complete absence of lice and nits is never attained.

School Meals ; the Milk in Schools Scheme : On a given day in October, 42.9% of children in attendance at the schools had school dinners. The majority of the children enjoy them and look forward to interesting and varied meals taken in the company of other children. The school meals scheme is very much appreciated in an area where many of the mothers are full-time workers in industry.

On a given day in October, 84.67% of pupils participated in the milk-in-schools scheme. The proportion of children varies from school to school, the milk being most popular with the infants. In 1957, there was a slight increase in the number of children partaking of both milk and dinners.

The administration of both schemes causes much extra routine work for the teaching staff.

The Hygienic Condition of Schools, etc. : The hygienic conditions of schools as regards ventilation, lighting and heating are, with one or two exceptions, reasonable and every opportunity is taken to bring up to modern standards the equipment, sanitation and school canteen facilities. Improvements in sanitation are being made in the older schools and there is at present only one school in the Borough with insanitary trough closets.

In many of the schools the canteen facilities are inadequate and overcrowded ; classrooms, staffrooms, halls, and in one school a cloakroom, also serve as dining rooms.

There are no medical rooms used solely for this purpose in any of the schools ; medical inspections and cleanliness surveys are conducted under difficult and often distractingly noisy conditions in classrooms, cloakrooms, staffrooms and laboratories. In some of the existing, old, inconvenient and overcrowded buildings nothing can be done to improve matters.

Infectious Diseases : Infectious diseases were prevalent in the spring and autumn terms. During an outbreak of measles from February to April headteachers notified a total of 103 cases, of which seventy-one occurred in March. All the children affected were of primary school age. The disease was mild in type and no exceptional complications were reported.

In May, two school children aged twelve years and sixteen years respectively, contracted paralytic poliomyelitis, the older child being severely affected. During the year there were five confirmed cases, all of the paralytic type, in different parts of the Borough. There was no direct contact between the cases and the source of the infection could not be traced.

The influenza epidemic which swept the town after the summer holidays was first reported in the schools during the last two or three days in August. The incidence rose rapidly for the first three weeks, reached a peak about 18th-19th September and then slowly declined. At the height of the epidemic the attendances at some of the schools fell to between 40 and 50%. The closure of the schools during the week-end break from 14th to 17th September did not halt the spread of the infection. Although the incidence was high there were few complications and no deaths attributable to influenza were notified in children of school age.

Immunisation procedures.

(1) *Diphtheria Immunisation*: Fewer children received primary courses and re-inforcement doses of anti-diphtheria prophylactic at Glossop and Hadfield clinics in 1957. During a year when a great deal of publicity has been given to poliomyelitis vaccination some parents are apt to forget the importance of diphtheria immunisation, the importance of which cannot be too strongly emphasised.

(2) *Poliomyelitis Vaccination* : A total of 295 children received a first injection and 274 children a second injection of poliomyelitis vaccine at the clinic in 1957. There was a very poor attendance during and after the influenza epidemic. A marked increase in the rate of registration coincided with a small outbreak of poliomyelitis in the summer when the possibility of immediate local danger was present, but enthusiasm waned when the outbreak came to an end. It was necessary to postpone some of the routine duties, e.g. re-inspections in schools, in order to carry out poliomyelitis vaccinations.

Medical stresses of Examinations : The medical stresses of examination appear to affect parents to a greater extent than children, particularly the ambitious, over-anxious parents, who worry unduly about their children's future careers. A few children showed minor, temporary upsets such as loss of appetite, headaches, and diarrhoea when the time of the examination drew near, but only two who came to my notice exhibited any serious signs of strain and anxiety with insomnia as the predominating symptom."

Dr. G. Cochrane (Part of N.W. Division) :—

"General Health and Well-being of the Children : The year 1957 was marked by a sharp outbreak of measles, with the result that 196 cases were notified amongst school children. Minor ailments have lessened to a remarkable extent and the number requiring treatment was extremely low. The health of the children in the Borough has maintained its high standard.

Physical condition of the children : Once again I must refer to the amount of dental decay in children attending the schools, but I have been struck by the care and attention which has been given to many children now attending schools in the Borough, having formerly attended schools in other areas. In general, the health of the children is very good.

Cleanliness of pupils : Of the 1,959 children examined, eleven were found to have pediculosis. There were no cases of ringworm, no cases of scabies, but seven cases of impetigo received treatment.

School meals ; milk-in-schools scheme : The number of children on the school registers is estimated to be 13,517, and the percentage partaking of the school milk is approximately 76.45%. There is little or no variation in the numbers taking the mid-day meal at school.

Hygienic conditions of schools : Once again I deplore the lack of hot water in many of the schools for the washing of the hands, and the older schools still lack modern arrangements as regards the toilets.

Infectious diseases : Three cases of scarlet fever occurred in the year 1957, none of pneumonia and none of whooping cough. There were 196 cases of measles reported in the school children.

Diphtheria Immunisation : Once again I reiterate the declining numbers of school children to be immunised apart from those which receive the booster dose when they join the school as entrants.

The fact that the private doctor includes prophylaxis against whooping cough at the same time as diphtheria immunisation tends to divert many cases which would otherwise be dealt with at school clinics."

Dr. G. Kuttner (Part of N.W. Division):—

"General health and well-being of the children : Pupils of all ages throughout my area present, on the whole, a good standard of general health, well-being and happiness.

The Physical Condition of the Children : The physical condition of the children has remained equally satisfactory. Again, not one of the pupils examined had to be classified as being of unsatisfactory physical condition. The most common cause to impair the standard of general health to some extent and to necessitate much absence from school is enlarged tonsils and adenoids coupled with recurrent infections of the upper respiratory tract. The majority of these cases improve in time. There remain the few who are in need of tonsil- and adenoid-ectomy, to which their parents refuse their consent in rather exceptional cases only.

The Cleanliness of the Pupils is on the whole satisfactory. Thanks to the unceasing attention of the health visitors the number of children with lice infestation has been reduced to a minimum. I have seen no scabies, five cases of tinea circinata and four of impetigo.

School Meals ; the Milk-in-Schools Scheme : The percentage of children taking school meals was about the same this year as in 1956, in spite of the price increase. An exceedingly large number of children avail themselves of the milk-in-schools scheme, much to their benefit.

The hygienic conditions of schools have again received much beneficial attention.

Infectious Diseases : Outstanding amongst the infectious diseases this year was the influenza epidemic in the autumn. In September and October Secondary and Grammar Schools had their attendance of pupils reduced by up to 60%-70%. Later in the year Infant and Junior Schools showed a large number of absences due to influenza, though less widespread and apparently milder in symptoms. Several cases of pneumonia following influenza, some of them requiring hospitalisation, were reported in my area amongst senior pupils. A large number, after recovery from influenza, developed a second febrile respiratory infection. Most of them retained some mild catarrhal condition for weeks after recovery.

Immunisation procedures : Sessions of poliomyelitis vaccination in my area were fewer in number this year than in 1956 and have, therefore, not curtailed my number of school inspections. The number of diphtheria immunisations has been regrettably low. This is, apart from the ever increasing number of parents demanding combined immunisation, partly also due to the prevalent desire of parents to have their children vaccinated against poliomyelitis rather than immunised against diphtheria. They are well aware of the crippling effects of poliomyelitis but refuse to believe that the effects of diphtheria can be equally serious, if not fatal. Much more publicity of these facts is, I believe, still required."

Dr. W. Gow (Part of N.W. and N.E. Divisions) :—

General Health, Well-being and Physical Condition : The general health and well-being and also the physical condition of the children in my area are alike excellent in all but a very few cases. These are mostly problem families and most villages have one or two though of course there are more in the urban areas.

The cleanliness of the pupils is likewise excellent, except in a few problem families as aforementioned. I have seen no cases of scabies and only about four cases of impetigo. Pediculosis, of course, is always with us but the pattern is a series of small outbreaks that originate from a small hard core of regular offenders. These are very difficult to deal with because I feel sure that the children keep being re-infested by the older members of the family and even if cleansed at a Clinic are soon infested again.

School Meals and Milk-in-Schools are alike of the greatest benefit to all who partake of them. The standard of the school dinners is high in almost every case.

The hygienic conditions of schools : Very few schools in my area have anything to complain of in this respect. One school has no water supply at all, and water has to be fetched in a bucket from a standpipe thirty yards away. School canteen facilities are not so uniformly satisfactory and there are several cases where a classroom has to be transformed into a dining room and back again afterwards.

Infectious diseases : Mumps, measles, chicken-pox and whooping cough seemed to continue through the summer without slackening off. Influenza did not seem to be serious in the great majority of cases but the large numbers of absentees upset routine medical inspection.

Vision. I am specially interested in the question of testing the vision of five-year-olds at their first routine medical inspection. Very often one can be satisfied that their vision is normal by using a picture card and a little coaxing and in quite a number of cases I have likewise been satisfied that there was a visual defect. To defer the testing of vision until the age of seven or eight means that it is often overlooked when other work presses, and if there is a visual defect it is better to know about it sooner.

Immunisation procedures : Immunisation against diphtheria is regarded a little as old-fashioned by a few parents now that polio vaccination is the latest thing. There are quite a lot of parents who imagine that immunisation will also protect against measles, etc., and I find that very few parents understand that penicillin and sulphonamides or the newer antibiotics are not effective against diphtheria. However, nearly all parents will agree that their children should be immunised and many wish for the combined diphtheria and pertussis vaccine. Vaccination against smallpox could almost now be said to be the exception rather than the rule.

Poliomyelitis vaccination is proceeding well ; all parents that I have asked are agreed that there have been no ill effects either local or general following the injection. The polio sessions have certainly made it much more difficult to keep up-to-date with routine medical inspections and this difficulty is likely to increase with the new categories eligible for vaccination."

Dr. A. Frenkiel (Part of N.E. Division) :—

“The reorganisation of the S.M.O. areas resulted in a reduction of the number of school children under medical control and in consequence afforded more time for re-examination, follow-up and research into some problems of school children.

The general health and well-being of children remains high ; this is especially noticeable in the younger child up to the age of nine years. There is an increased incidence of different complaints in the age group of ten years to twelve years. Among the complaints most frequently encountered are middle-ear infection, with or without perforation of the ear drum, bronchitis and nose and throat infections. This absolute and relative increase of morbidity in this age group can be accounted for, by a larger number of children aged nine-eleven years and also by the 1957 influenza epidemic which often caused secondary infection of respiratory tract. The younger child was usually kept at home for a longer time and often treated prophylactically with antibiotics, whereas the older one was considered able to cope with his complications, unaided by active therapeutic agents.

During the routine medical inspection, special attention was paid to pathological changes in the external and middle ear, any degree of hearing disability, and behaviour and adaptation problems in all age groups.

Two children with serious complaints detected at school medical inspection were referred as urgent cases for treatment ; one, a five year old girl with tuberculosis of knee, at present in King Edward VII Hospital-School, and a girl with chorea.

The general standard of cleanliness and personal hygiene of pupils has improved considerably during the last year. Pediculosis was found only in two children. I have not seen a single case of impetigo or scabies in schools during 1957. This improvement is, no doubt, largely due to the work of the Health Visitors of the area.

Increase in price of *school meals* caused a sudden drop in school meal consumption. This improved gradually in the following months, making the final decrease about 5%. In some schools only 33% of children use the school meal service throughout the year. However, it seems that the quality of food influences the numbers more than the price. School meals vary depending on the ability, skill and experience of the cook-supervisor. I have noticed that where meals are inadequately planned and badly prepared, school dinner consumption is rather low and fluctuates a great deal. This is especially true in the secondary schools. A child of eleven years and over is capable of appreciation and discrimination in matters of food—a fact which we are inclined to dismiss. Milk consumption at school is on the whole very good.

Hygienic conditions at schools have improved generally, but there is a great need for improvement in some of the schools in Eckington and Mosborough area. Most of the schools there are old, have no dining rooms, no school canteens (servery) and sometimes there is not even accommodation for P.E.

Infectious Diseases : Measles, mumps and whooping cough were prevalent in the first half of 1957. In September there was a severe outbreak of influenza. It reduced the school attendance to 40% over a period of four weeks, after which it gradually came back to normal. The disease had a mild course on the whole; more severe forms, with bronchial and pulmonary complications were observed in the older age group (10-16 years). Two school children died. Early in December 1957 another wave of (?) influenza seemed to have swept through the area. School attendance was not affected to the same extent.

In course of the investigation of *enuretic children*, continued throughout 1957, it was found that there are two types of enuretics : those in whom this complaint is associated with deep sleep; and quite a large proportion of cases showing evidence of having small capacity bladders. I found that 64% of children with enuresis had received their "potty training" from the early age of three months onward, and some mothers started even before that time, which seems to have prevented the development of normally relaxing bladder. These children, although able to concentrate urine (there was no appreciable difference between specific gravity of night and day specimens) complained of increased frequency of micturation during day time. Small contracted bladder seemed to be the cause of enuresis in many children. Remedial measures included day training, encouragement to hold and retain urine and, lastly, a full explanation of bladder physiology, which has to be given to the child's mother. Forty-nine children were attending for treatment of enuresis of which thirty-five were discharged after six months cure. It is often necessary to enquire by letter or visit at home a child who ceased to wet the bed and is not brought up to the clinic.

Diphtheria Immunisation in schools was carried out on a lesser scale last year. In all, 265 children were immunised in my section of N.E. area.

Poliomyelitis Vaccination was carried out in three centres. The number of children vaccinated in Frecheville Clinic was 780, in Eckington Clinic 405 and in Hackenthorpe 135. In all 1,320 children were vaccinated against poliomyelitis. Duties connected with poliomyelitis vaccination only slightly affected the number of children seen at school. Some schools could not be visited in the autumn term of 1957. Diphtheria immunisation was suspended during the summer months this year because of poliomyelitis vaccination.

The problem of *medical stresses of examinations at school* was studied throughout the year. I have been taking a special interest in this since I have noticed that the maximal incidence of some stress diseases (rheumatic fever in particular) has changed its age group within the last few years. It is more common now that the 9-12 year olds suffer from the first attack of acute rheumatic fever, as compared with 4-7 year olds who seemed to be the more common victims some ten years ago. Generally it seems that the 9-12 year olds are more prone to suffer from stress diseases. I have also noticed that complaints such as asthma and eczema, seem to improve at about the age of twelve years. The incidence of rheumatic fever, rheumatoid arthritis, asthma, psoriasis and eczema were studied in different age

groups. Stress disease morbidity in Grammar School children was compared with that of other secondary school population. The "examination age group" 10-11 seemed to be most affected. The two cases of rheumatoid arthritis seen by me during the last year started at the age of ten-and-a-half and eleven. I think there are various factors involved here (like wider use of antibiotics in younger children for example), nevertheless I believe that the mental stress connected with the eleven-plus examination is detrimental to the child's health and well-being. Persistent nail biting and intractable speech hesitancy, are frequently becoming fixed; whereas some behaviour problems become acutely exacerbated. After the age of twelve, following an adaptation to the new pattern of school life there seems to be little difference in the incidence of organic or psychological disorders between the secondary modern school population and that of the Grammar School. It was noticed, however, that at the age of fifteen some new problems arise among the Grammar School adolescents which seem to be absent in the secondary modern school leavers. These problems result not so much from stresses of examinations, as from the extension of "childhood" in the Grammar School pupil who is not granted the same degree of independence, freedom and recognition as his school leaving counterpart."

Dr. M. Cooney (Part of N.E. Division) :—

"*The general health and well-being of the children* is satisfactory on the whole. The children are well nourished and clothed and appear happy. Dental caries is prevalent in the entrant group; in the second age group and leavers it is satisfactory to see the benefits of the School Dental Service. Nose and throat infections, including enlarged tonsils, were most commonly seen in the entrants. In most instances no operative treatment was necessary and there was a sharp decrease in incidence in the leavers. Chronic otitis media including otorrhoea was seen in a number of cases. Parents were warned of the serious consequences of neglect of these conditions. Orthopaedic defects were, on the whole, of a mild nature. Vision defects were relatively common in the second age group and leavers. Eye strain due to constant television viewing is probably responsible for a number of these.

School Meals : These were excellent. The menus were carefully planned and the food was well cooked and served under hygienic conditions. More children could take advantage of these meals, in some schools less than 50% stayed to dinner. It was noticeable that those most needing the meals went home at mid-day.

The majority of children enjoyed the mid-morning milk. The physical condition of the children is generally good.

Hygienic Conditions : Heating, lighting and cleanliness were satisfactory in all schools. In two schools there was gross overcrowding of classrooms and cloakrooms. However, a new school is shortly to be opened in this area and it will relieve the overcrowded conditions. All schools have water carriage sanitation which is adequately supervised.

Cleanliness : There were two cases of impetigo, no case of scabies was seen. The incidence of pediculosis is decreasing, except for one area where a few problem families need constant supervision.

Diphtheria Immunisation : Response to this scheme in school is good, over 500 children were immunised. In some instances it had to be deferred owing to its coinciding with polio vaccination.

Polio Vaccination : Parents are becoming more enthusiastic about this and I have had a number of enquiries in school about it. It has not curtailed to any great extent the numbers inspected at school medical examinations.

Infectious Disease : There were mild outbreaks of mumps and chicken pox in the early summer. The influenza epidemic in the Autumn halved the school attendances, and schools had to be re-visited to complete the periodic medical inspections. The majority of children showed no ill effects though some were slow to regain full health and vigour."

Dr. M. Morris (Part of N.E. Division) :—

"The general health and well-being of the children : The children in this area show a satisfactory standard of health and well-being. They are well nourished, well dressed and happy.

The physical condition of the children is generally good. When examining the children of school leaving age however, I have been surprised at finding gross defects in their visual acuity. These pupils had normal vision at a previous examination so marked deterioration has taken place between the ages of eleven and fifteen. Painless flat feet with no rigidity is another common defect among fifteen year old pupils.

The cleanliness of the pupils : I have not come across a case of pediculosis, impetigo or scabies in this area and the standard of cleanliness is high.

School Meals ; The Milk-in-schools Scheme : Unfortunately I have not been able to visit as many schools in this area as I would wish, but in those which I have seen the standard of school meals has not been as high as that achieved in Area 14 where I worked previously. The selection of meals and the serving could be better. Many children eat vegetables only and take no meat from choice. In schools where this occurs regularly a little insistence might lead to their acquiring a liking for meat.

Most children enjoy the mid-morning milk and it is markedly beneficial in cases where small children eat little or no breakfast.

The hygienic conditions of schools : There are a few old school buildings in this area which would require attention if they were to be used in the future, but in these cases a new school is being built or is due to be built soon. Heating, lighting and ventilation are satisfactory. The buildings are clean and sanitation facilities are regularly supervised.

Infectious diseases : There were no severe outbreaks of infectious diseases apart from influenza. The outbreak of influenza among school children was acute and took a heavy toll of their well-being

and resistance. We noticed this particularly at dental sessions, the children who came for treatment had had influenza four to six weeks previously and were expected to have recovered fully, yet the marked lethargy, inability to answer simple questions and general air of being far below their usual standard of health made one send them home and postpone dental treatment. The teaching staff commented on the listlessness of children and their inability to concentrate and co-operate for some weeks after an influenzal attack.

Diphtheria Immunisation is eagerly sought by the parents for their children. Recently a problem has arisen in cases where there has been a few weeks delay between the parents of young children giving consent for immunizing and the immunisation taking place. During the interval the child has been vaccinated against poliomyelitis and then has come along for immunisation without a parent in attendance. Each time a chance remark from the child has led us to realise that vaccination has recently been carried out (first injection).

Poliomyelitis Vaccination : There has been a marked response to the offer for vaccination. Poliomyelitis vaccination, and even more so the special cases, have curtailed the numbers seen at school medical inspections. Yet cases considered by the teaching staff to need early attention are quickly brought to one's notice.

Medical Stresses of Examinations : Eleven year old children in this area do not generally show any signs of strain. I think this is because parents here are not unduly anxious about the result of the eleven-plus examination and so no apprehension is transmitted to their children. Stress is frequently seen, however, among girls of fifteen and sixteen years of age. They show marked nervousness and apprehension and these signs are even more pronounced by the time the girls come for medical examination regarding entrance to a Training College."

Dr. A. R. Robertson (Part of N.E. Division) :—

"*The general health and well-being of the pupils* has continued to be satisfactory. It is a pleasure to examine children who are alert and keen.

Physical condition : This remains very good.

Cleanliness of pupils : Generally this reaches a good standard.

School meals and milk-in-school : After the price of school meals was increased there was quite a fall in the number of those who had school meals. However, I am pleased to say that this fall is gradually being countered. The bottle of milk in school remains very popular with the children.

Hygienic conditions of schools : I have had to curtail inspection of these due to the increased demands on my time of polio vaccinations.

Immunisation procedures :

(1) *Diphtheria immunisation* : I am pleased to report that these still work smoothly due completely to the help of the teachers in the infants and junior schools.

(2) *Poliomyelitis vaccination* : This has taken up quite a bit of my time. It has not curtailed the numbers that I wish to inspect at school medical inspections but (as I have said above) it has curtailed my inspection of school premises."

Dr. P. Weyman (Part of Mid-Derbyshire) :—

"This is my first year in a new area as a part-time School Medical Officer. A backlog of cases have been dealt with but it has not been possible to spend enough time in schools for reasons mentioned later. No adequate inspections of school premises has been undertaken.

The general health and well-being of the children was considered good.

The physical condition of the children was satisfactory, no unsatisfactory children were found.

School meals continue to be satisfactory.

Infectious Disease : This has been a year of high prevalence in infectious diseases, measles in particular being common. Latterly influenza took a large toll of school attendance. Good co-operation from teachers was obtained in helping to control the influenza outbreak in schools. There was a tendency for the children to return too soon, but this was soon corrected with the help of the teachers. The inevitable results of high prevalence of infectious disease and influenza are being experienced i.e. greater frequency of colds and bronchitis.

The necessity for warm freely ventilated rooms and children spaced as far apart as possible was explained to teachers. The importance of these points in preventing spread of infection in schools or other places is not generally appreciated by most people.

Immunisation and Vaccination : Amongst vaccination procedures the most important has been the vaccination against poliomyelitis. This has been given priority over school medical inspections and all other school work. The need to get as many children vaccinated as possible before the next "polio season" to prevent possible death or paralysis is most important. A total of 1,413 injections were given.

The school inspection programme was further reduced by the County Health Authority's desire to commence B.C.G. Vaccination. The commencement of this programme towards the end of the year was a great step forward in the drive against tuberculosis.

In view of the impossibility of completing the inspection programme, the schools were asked to send any cases which were considered to need the attention of the School Medical Officer, to the weekly Minor Ailment Clinic. The support of the Health Visitors in sending cases they find on their school visits is much appreciated.

Minor Ailment Clinic and Special Visits : At the weekly Minor Ailment Clinic, 210 children have been seen for routine observation or as special cases ; nineteen teachers or student teachers have had medical examinations ; forty-nine special home visits were made, and thirty-five to schools.

Dental Service : The absence of a school dental service in this area is most unsatisfactory. One teacher keeps a bottle of "toothache" tincture for relief of cases of toothache. In a group of children with full facilities for dental care and who avail themselves of it, toothache should be almost unknown."

Dr. J. Duthie (Part of Mid- and S.E. Divisions)—

"The following report is based on observations made during the course of work carried out during the last four months of the year under review.

The standard of *general health* in children in all three inspection groups was found to be very good. The children appeared well cared for and this was particularly so amongst new entrants. There was a notable freedom from defect in children of the second age group and in school leavers, of the defects found in these the main were visual, postural, and ranging degrees of flat foot. Among the entrants a certain number required removal of adenoids and correction of the grosser degrees of knock knee. A number of entrants have been referred to the speech therapist who has recently commenced duty in this area. Those entrants requiring observation consisted chiefly of those suffering from recurrent tonsillitis, asthma, recurrent bronchitis related usually to tonsils or adenoids requiring removal ; cases of dubious heart murmurs ; and lesser degrees of knock knee not requiring special treatment. Mothers are sanguine in their view of earache and running ears, many regarding these complaints as being of very little importance and often neglecting to seek treatment for their children.

The standard of *general cleanliness* was highest among the new entrants and declined in boys of the second and third inspection groups. No pupils were found with scabies or head lice although a few had nits. There were a few cases of mild impetigo from secondarily infected old sores.

School Meals : the main criticism is lack of variety. Among those pupils who bring their own lunch to school I have observed that the packed lunch is as nutritious as, and certainly has a far higher proportion of fresh fruit, than the school meal.

The effect of the recent *influenza epidemic* on school attendance in this area was representative of the rest of the country. The main features were a short illness often with high fever, a notable absence of complications but often accompanied by nose bleeding.

Medical stresses of examinations : It was observed that those pupils suffering from asthma or petit mal, particularly the latter, often experienced an exacerbation of symptoms in the pre-examination period. A number of others also suffered anorexia."

Dr. W. J. Morrissey (Part of Mid-Derbyshire Division) :—

"The following observations relate to experience of the School Health Service during the last term of the year, as during the first two terms of the year I was engaged with temporary duties as Medical

Officer of Health to the Shardlow Rural District Council. Visits to schools and diphtheria immunisation in schools were curtailed considerably during the remaining term owing to the carrying out of anti-poliomyelitis vaccination.

(1) *The General Health and Well-being of the Children* : This was excellent until the outbreak of influenza in the Autumn. During the end of September and beginning of August absence rates of above 50% occurred in most schools. Illness was not severe, there being very few cases of pneumonia or other complications, but many children had what appeared to be relapses due to too early return to school. Teaching staff tended to be affected at a later date than the children. By November the area was free.

(2) *The Physical condition of the Children* : The majority of the children were classed as satisfactory.

(3) *The Cleanliness of the Pupils* : No cases of scabies were seen and the incidence of impetigo was low. Very few cases of verminous heads were noted and invariably these came from a small group of well-known families.

(4) *The Hygienic conditions of schools* : The large Secondary Modern School is the only modern school in the town. The other schools seem unsatisfactory in comparison, but on examination of attendance records show no difference when compared with the other Secondary Modern School. Matters which need attention in most schools in the area are the absence of hot water for hand washing for the pupils, and the uncomfortable outdoor W.C.'s which so frequently freeze up during the winter months.

(5) *The Inter-relationship between the National Health Service and the School Health Service* : As District Medical Officer of Health I know the general practitioners of the area and find them always most co-operative and helpful with regard to school medical work. The copies of reports on children who have attended hospital are a great help when received, but I find that many children have attended hospital without any report being forwarded to the School Health Service. The lack of similar information about pre-school hospital attendances is also a disadvantage.

(6) *School Meals ; the Milk-in-schools Scheme* : The number of children taking school meals has shown a slight upward trend, but it is interesting to compare the figures of schools who have meals cooked on the premises with those using container meals.

The uptake of school milk continues at a fairly satisfactory level."

Dr. A. M. Hamilton (Part of S.E. Derbyshire) :—

"*The general health and well-being of the children* appears to be well-maintained.

Physical Condition of the Children : Generally very good.

Cleanliness of the Pupils : On the whole good. A few cases of mild impetigo have been seen during the year. None have attended at routine examinations with pediculosis.

School Meals ; Milk-in-Schools Scheme : These services both continue to fulfil useful functions.

Condition of Schools : One old-type infant school has been fitted with central heating in place of open fires. A modern junior school has been opened on the Kirk Hallam Estate.

Infectious Diseases : No severe epidemics had occurred this year up to September ; but the Autumn term started at the time when the influenza outbreak had already established itself in Ilkeston. Very large numbers of children, especially the eleven year group, went down with it, and many on their return to school looked pale and poorly for a time. In some cases an old otitis media has been lighted up again, and several children with bronchitis have had recurrence of the chest condition. Others developed a subsequent tonsillitis or severe head cold. Most of those seen two or three months after the attack had, however, returned to normal.

Immunisation :

(i) *Diphtheria :* There has been a falling off of this both at the schools and the Clinics ; but it seems likely that this is largely due to the fact that many of the mothers want immunisation against whooping-cough also, and therefore obtain the combined injection from their private practitioner.

(ii) *Poliomyelitis :* The response to facilities for obtaining this vaccination has been good, resulting in roughly one hundred children per week being injected at the County Clinic. This has interfered somewhat with the routine school medical inspections, and some of the September entrants to the senior school have not yet been examined."

Dr. M. Vass (Part of S.E. Division) :—

"The *general standard of health* amongst school children is, with few exceptions, very good. The children appear happy and well nourished. The attendance of parents at routine examinations is good, especially with the entrants. The parents, on the whole, show great interest in their children's well-being.

The *physical condition* of the children is in the majority of cases satisfactory.

The *standard of cleanliness* is high. There are very few cases of pediculosis, and these keep recurring in the same families, in spite of frequent attempts to eradicate them. I have seen no case of scabies, and three cases of impetigo ; these were treated by the family doctor.

School meals continue to be a great help to harassed mothers. The meals, especially when cooked on the school premises, are usually excellent, and are always adequate.

The *milk-in-schools scheme* is of great benefit. It is questionable though, whether the habit of eating biscuits with the milk may be a factor in the spread of dental caries.

Hygienic condition of schools : Many of the older schools have not got hot water for hand washing, nor use paper towels. Facilities, on the whole, though, are adequate.

The only *epidemic* was that of influenza during September and October. Fortunately most of the cases were mild, and none of the schools had to close. Cases of measles and whooping-cough were not serious, and did not reach epidemic force.

Diphtheria Immunisation : This was carried out in a few of the primary schools. The majority continue to be done at the clinic where the parents have got used to going to, for this service.

Poliomyelitis Vaccination : Approximately 500 children were vaccinated in Long Eaton since April. I vaccinated about half this number, the remainder were done by Dr. Woolgrove. There was no report of any untoward reaction.

Medical stresses of Examinations : I have seen little evidence of this, about two cases of "nervous tic" and one of fainting attacks might be attributed to approaching examinations."

Dr. D. Koffman (Part of S.E. and S. Divisions) :—

"The General Health and Well-being of the Children : This has remained satisfactory on the whole. The '1st age group' re-acted similarly to last year in their response to winter wet and cold with acute and much sub-acute upper respiratory infection. Enlarged tonsils and palpable cervical glands were again much in evidence. A fair number of these children are on a tonsillectomy waiting list. The waiting interval in Derby is still very long—this fact appears to benefit a small number of children who seem to improve over the years without operation—the price they pay, however, is high when the frequent school absences are taken into account. I have commented previously on the poor appetites of children with chronic respiratory infection, I think there may possibly occur a vicious circle : infection—loss of appetite—lack of essential protecting substances—infection. Happily the child's immune status improves after a winter or two in school—this may account for the smaller number of respiratory infections detected in the older age groups.

I have observed that very few boys, particularly in the 1st age group, have been circumcised. Yet cases of phimosis appear to be quite a rarity. This seems to substantiate the paediatricians' claim that phimosis in babies is psychological and should not be interfered with.

Cases of cryptorchidism are relatively common in the first age group. On yearly re-inspection it is found that a large percentage of testes will have descended spontaneously but those boys that are found at the time of the second routine inspection to have undescended testes are always sent to the family doctor with the suggestion of surgical treatment. Strangely enough, this is a condition which very few mothers have spotted, therefore, the family doctor would never have been consulted in the absence of routine inspections in school.

I noted an increasing number of foot defects in the third age group, i.e. 'leavers,' particularly in the girls. Cases of hallux valgus and valgus ankles have surely become more numerous, fortunately most are of a minor degree. Inspection of shoes show these all too frequently to be of very poor quality and of a shape that contributes

nothing to the support of the foot. There are still some mothers who buy shoes in the child's absence, but even if this is not the case, a 'fashionable' yet tawdry shoe is often chosen when the same money might have bought a sturdier, well fitting pair. I would so like to see the cheaper shoe industry take more note of the advice of orthopaedic specialists in the shaping of shoes, particularly for women—I am also somewhat concerned about the practice of the very conscientious mother when she takes her young child to buy shoes. Always then the feet will be screened—the mother proudly tells me that she "never buys shoes without having them x-rayed." This means that such a child will be exposed to x-rays at least twice a year. More than one pair of shoes may be radiologically examined on these occasions. I am not conversant with the safety regulations regarding the machines, but cannot help feeling a little uneasy regarding this practice in our 'atomic age.'

There appears no change in the cases of caries found at routine inspections in all age groups. Shortage of dentists undoubtedly plays some part, but I now feel that many cases of neglected teeth, are due to parental indifference and violent opposition from the child.

Cigarette smoking appears to be on the increase among the older boys judging by the number of nicotine stained fingers found on routine inspection of 'leavers.' Many boys admit to an occasional smoke and some are already regular smokers of about five cigarettes daily. Few girls appear to smoke. I recall one, however, who told me that her boy friend supplied her with cigarettes. It appears to me that the recent newspaper publicity given to the noxiousness of cigarette smoking has in no way impressed the minds of adolescents of the danger they are thus courting.

The Physical Condition of the Children : The percentage of children of unsatisfactory condition has remained very low. I have, however, become increasingly aware of a certain type of child, usually an 'entrant,' who appears of stunted growth ; pale, slim, often fretful personality, in whom I cannot find any definite defect. Often the mother of such a child tells me he or she eats well, sleeps well, and in fact there appears nothing 'wrong.' Yet, obviously, the child has not thrived. I think these are timid children, cowed at home, who do much better when coming under the care of a sympathetic teacher. This may explain why this type of child is so rarely seen at later routine inspections.

At the beginning of the Autumn term a new Grammar School has been opened in my area. This has given me an opportunity of inspecting second age group pupils at presumably different intelligence levels both in their homes and themselves. I have the definite impression that these children are of superior physique than the corresponding Secondary Modern school child. To some extent my judgment may have been influenced by the more self assured bearing of the Grammar School child. It will be interesting to see whether future inspections will bear out these first impressions.

Obesity appears very common, particularly among the girls in the second age group living in mining areas. I think to some extent this is due to the fact that these children get two cooked meals.

daily : one at school and one at night with the family. Fortunately vanity is a good slimming agent and most of these ten-stone plus girls at eleven years, have lost excess weight at fourteen years. Also knock-knee, associated with obesity, appears to straighten spontaneously on weight reduction.

Cleanliness of Pupils : This is nearly always good when seen at routine inspection but not nearly so good, particularly in certain areas, when children are seen without previous warning.

Pediculosis capitis is rare but persistent. The offending families are the Health Visitor's bane, they introduce one verminous child after another to the schools in their area.

I have seen a few cases of impetigo but none were neglected, and they appear to run a very short course.

No cases of scabies were seen.

School Meals, Milk in Schools : The increase in the price of school dinners does not, this time, appear to have affected the numbers partaking of them. Both quality and quantity appear rather variable. In some Secondary Modern schools the Prefect-serving system has broken down on occasion—the less favoured children getting smaller portions than the Prefect's friends. Head teachers have become quickly aware of this state of affairs and justice prevailed. But this kind of incident points to the fact that portions are not necessarily sufficient for a growing child's appetite.

I am not altogether happy about container meals and wonder if the savings achieved by catering and cooking in bulk are really so large to warrant the forfeiting of a freshly cooked meal. Although it might be added that some container meals are very good, while others appear dull and uninteresting. According to the headteachers, the quality of the meal is often dependent on the skill of the serving staff.

Milk in schools is taken well. Occasional cases of abuse have been noted, when a child will drink frequently four-five bottles daily, presumably this abundance is due to absentees and finicky pupils, who gladly give their milk to a greedy child. Surprisingly the excess milk does not appear to spoil such a child's appetite for other food and he or she usually presents as a rotund and cheerful imp.

Hygiene in Schools : Some progress has been made in the older type schools to provide modern toilet and washing facilities but there is still much room for improvement. Much appears to depend on the caretaker ; sometimes earth-type closets are far cleaner than the W.C.'s of a brand new school.

Thermostatically-controlled heating systems in the new schools are rather apt to be abused. Fuel consumption must be much higher than necessary in many cases where entrance doors are carelessly left wide open and windows are often left open much longer than necessary.

School kitchens are in good order, and have modern equipment. The separate wash-hand basins are much appreciated by the staff.

Infectious Diseases : In the summer German Measles was prevalent. The disease appeared to run the usual mild course. There were some sporadic cases of whooping cough and occasional mumps and gastro-intestinal disorders. The beginning of winter heralded a severe outbreak of respiratory diseases among teachers as well as children. There were numerous cases labelled Asian influenza but I feel that about half the cases were due to the common cold virus. It was possible to elicit two quite distinct types of case history : in one the illness started with rhinitis, often associated with sore throat, bronchitis and occasionally with otitis media. Temperature rises occurred slowly after the first appearance of other signs, rarely was very high and subsided often after one-two days. In the other type, there was often nothing but a steep rise of temperature for a day or two, then perhaps a very slight sore throat, much prostration and a slight dry cough. These children were in bed longer than the first group. There appeared little muscle ache in contradistinction to the disease in adults. Absence from school in both types of case was rarely longer than one-two weeks but many convalescents suffered from a persistent cough for 5/52 with the signs of a bronchitis, which subsided on the usual kinds of treatment.

Fungus infections of the feet are rather common in children during and after puberty. Very often there is only some slight 'sogginess' of the skin of the fourth interdigital space. It seems rather hard to exclude such a child from P.E., etc., after treatment with fungicidal substances has been initiated. Rarely the infection spreads to other parts of the body. Most frequently the dorsum of the foot may become affected ; these cases are usually found to have received treatment from the family doctor when first seen at routine inspections.

Work of Special Interest : I have felt that for some time that vision tests are carried out too late in the child's school life. The practice has been to include a vision test at the time of the second routine inspection, i.e. during the twelfth year of age. Many defects, some of a major nature, are then found and I feel that such children have been doing their schoolwork for years at a great disadvantage, perhaps even missing the chance of winning a scholarship.

I found it impracticable to test reasonably accurately the vision of the first age group and so I arranged to sweep test children in their first year in the Junior schools, i.e. in their eighth year of age. Where possible this work was carried out in collaboration with the Health Visitors. We have paid particular attention to the backward children and poor readers and have found among those a somewhat higher percentage of poor vision than the rest of the school. The head teachers appear to welcome this additional medical visit in spite of the inevitable interruption of teaching this entails.

Immunization Procedures : Poliomyelitis vaccination has taken up three weekly sessions throughout most of the year, partially due to relieving M.O.'s absent on sick leave. This has curtailed the time usually devoted to diphtheria immunization sessions in the schools. It is hoped this will be caught up with in 1958.

Medical Stresses of Examinations : Last year I noted signs of psychological instability in children in their first year in the senior schools and attributed these at least partially to the stress period of the eleven-plus scholarship examination. I have found much the same again this year, i.e. nail biting and occasional fainting. However, on careful questioning the parents often admit that such a child showed certain signs of instability long before the event of the scholarship examination. Moreover, children that show signs of stress during this period, nearly always quite quickly lose any such manifestations once they have spent a few weeks or months in the new school, if they had been stable pupils before the distressing period."

Dr. R. Dean (Part of South Derbyshire):—

"*The general health and well being* of the school children continues high in this area, the greatest incidence in infectious illnesses being, as is frequently the case, in the five to seven year age group. Resistance to influenza during the recent epidemic was good—the majority of those contracting the disease recovered within a week.

The *School Meals Scheme* continues to supply a real need especially in this predominantly rural area. The need for milk and biscuits between meals is not so obvious, indeed it appears to be the cause of some children losing their appetite for the mid-day dinner.

Cleanliness of Pupils. Two cases of impetigo and one of plantar warts were seen. These were satisfactorily treated by the children's family doctors.

There has been a smaller demand this year for *immunisation against diphtheria* alone, both in the schools and in Child Welfare Clinics. Many parents have taken their children to their general practitioner for the combined vaccine of diphtheria and whooping cough.

Vaccination against poliomyelitis : The moderate numbers coming forward for vaccination were accommodated at the usual minor ailment clinic, and this service did not interfere with my other duties.

Hygienic conditions of schools continue to improve, and new wash-basins with hot water have been supplied to several schools during the past year. Overcrowding was noted in two schools only. Sewerage disposal is a serious problem in some rural areas.

Defects of Vision : An increase in the number of complaints requiring treatment or observation was met in Junior Departments. Many of these pupils admitted to staying up late watching television. The teachers could give no evidence that these pupils were interested in preparing for examinations. I saw no evidence of medical stress related to examinations."

Dr. Crawshaw (Part of South Division) :—

“The general health of the school children in this area is very good. They look fit and seem to be full of energy and high spirits. Most children enjoy school life once they have settled down to school routine. There are no signs of under feeding among the children, but I think that an increasing number of children have insufficient time in bed.

The physical condition of the children is very good at all ages and should improve still further, if poliomyelitis can go the way of rickets and tuberculosis of bones and joints.

The children are generally clean—there are no cases of scabies or impetigo and very little pediculosis.

School meals and milk in schools ensure that children have proper nourishment in the middle of the day—this is specially important when so many mothers go out to work.

The hygienic conditions in the schools are generally very good, but one or two old schools are overcrowded and gloomy.

Infectious disease has not been troublesome in my area, apart from the widespread Asian Influenza. Fortunately, this does not seem to have left any serious results.

Diphtheria immunisation is still very necessary and is generally accepted, but many parents do not have this done sufficiently early and leave it until school days. The majority of parents are very anxious to have their children immunised against poliomyelitis and have lost their early fears of these injections. Poliomyelitis immunisation takes a lot of time out of every month so that less school visiting can be done. I do not think it has reduced periodic examinations to any extent but it has made re-examinations less frequent.

I think there is considerable examination stress in Junior Schools where the parents are foolish enough to worry the children about the eleven-plus examination. I have no experience of examination troubles in Grammar Schools.”

Dr. C. G. Woolgrove (Part of South Division) :—

“1. *The General Health and Well-being of the Children* : The average standard of health and well-being of school children in this area is satisfactory. My general impression is that, on the whole, they are well-cared for, well-nourished, well-clothed and happy, although there are of course exceptions to the general rule.

2. *School Meals—Milk in Schools* : While conducting medical inspections in several schools, I have found that the meals served to the children at lunch-time have been wisely chosen, well-cooked and served with every care. The School Meals staff are all willing and keen workers and I would like to record my appreciation of the good work they do.

The majority of the children enjoy the mid-morning milk. There are, however, a few children who need coaxing but, with the help of their class teacher and friends, can usually be encouraged to take this nourishing and fortifying drink.

3. *Physical Condition of Children* : This is generally good, very few of them being classified as unsatisfactory. During my visits, however, I have found several cases of children with defective vision in the infants' departments. In some the defect was marked. Usually this defect is more marked and prevalent in the junior department as shown by the number of children referred for 'special examination.'

I hope when in the future a fourth age group is considered for medical examination that this will occur in the junior department, as at present no routine examination is undertaken in such schools.

4. *Cleanliness of Pupils* : Mostly excellent. Only a few are unwashed at medical inspection.

5. *Diphtheria Immunisation* : The response of parents continues to be satisfactory and they appreciate very much the facility of being able to get their child immunised at school. In most cases this merely means that the child requires a re-inforcing dose, although some 25% require primary immunisation.

6. *The Hygienic Condition of Schools* : This varies widely from the excellent conditions of a new school to the undecorated, dirty and cramped surroundings of some of the older types.

7. *Infectious Diseases* : There were two cases of paralytic poliomyelitis in females during the year. Polio' vaccination was much appreciated by the parents of those children who were fortunate to receive it.

8. *Inter-relationship of the National Health Service and the School Health Service* : I would like to refer to the generous co-operation which is given by the general practitioners in this area in regard to the School Health Services and also to the helpful information received from hospitals.

9. *B.C.G. Vaccination* : The parents of thirteen-year-old children were given the opportunity under the County Council's B.C.G. Vaccination Scheme of protecting their children in large measure against tuberculosis. The response at the Secondary Modern School at Chaddesden was excellent, some 75% of parents requesting that the tuberculin test be carried out and if necessary their child be vaccinated against tuberculosis. My thanks go out to the Headmaster and teaching staff for their help in this new venture. Judging from the normal reactions present amongst those vaccinated which were observed some four or six weeks later, I would expect that 90 to 98% of those vaccinated have now converted to a positive state."

Dr. M. Allan (Part of South Division) :—

"The *general health and well-being* of the children in the area is very good, and this is especially obvious during their free play and on sports' day.

As regards *standards of nutrition and physical condition*, only a very few fell into category "U" (Unsatisfactory), and these are usually due to some definite illness. The obvious good health and high standard of nutrition is the result of wise parental care, substantially assisted by school meals and school milk.

The standard of *cleanliness* is generally high, and throughout the year I have only seen five cases of impetigo, and a few of pediculosis and none of scabies.

I was privileged to take part in a *School Meals* Staff Conference held at Swadlincote Granville County Secondary School towards the end of the year, and it was a revelation to me to see the demonstration of such attractive school meals, and to learn how much was being done to improve the school dining rooms. I was delighted to be informed that the family service is now being introduced to most schools in the area. I have no doubt that the school meals and milk in schools scheme prevent disease, but what is more, they improve nutrition and promote the exuberant health of the school child, and in addition educate the child—and through the child the family—in the right choice and preparation of foods.

A great deal of repair and replacement work has been done at the schools, and the external and internal decorations have made a tremendous difference. More attention could be paid to better accommodation and conveniences for the teachers. Some of the older schools in my area seem very tenacious of life.

There has been very little *infectious disease* in the area except towards the beginning of September when there was an influenzal type of illness which became of epidemic proportions and the absentee rate at the schools was from 50%-65% and the General Practitioners informed me that there were about equal numbers of children and adults affected. Moreover, one large group practice was of the opinion that the type of disease was mild, complications were few, except in those who had previous chronic chest trouble—bronchitis or bronchiectasis, and that up to the middle of September there had been no admissions to Hospital, and no deaths.

From my observations in the Schools, some of the illness was ordinary coryza or mimicry for a fair number of the children returned in a short time of about two or three days. Some of the Head Teachers requested school closure, but this was deemed inadvisable since the illness was of short duration, and the children kept returning as others went off ill.

I think the *diphtheria immunisation* numbers are falling because of the acute interest now in poliomyelitis vaccination, and because the parents have no experience of diphtheria. For the boosting or reinforcing doses, the best response is at the school medical examination for entrants. I have had the utmost assistance from the Head Teachers in this matter, and not infrequently their advocacy is effective when the Doctor and Nurse have failed. The patients have accepted the polio vaccinations with enthusiasm, and at quite a number of the clinic sessions the attendance was 100%. There is no doubt that the extra work involved has interfered with the ordinary routine medical inspections. In my area for 1957, I was unable to inspect four schools and I had already handed over eight schools to another Medical Officer.

Examination Stress : I have had one or two incidents where a child has been upset emotionally by the prospect of the eleven-plus examinations, but these arose in children who were rather of an emotional type and slightly maladjusted to ordinary life and to

their school environment. Speaking generally, I think it would be better from the child's health point of view, if it were found possible to dispense with this examination, and allow the responsibility of the assessment of the best type of education for the child to be placed on the Head Master who has detailed knowledge of the child's capabilities over a period of six years, either directly, or through reports from previous schools."

Report from the Excepted District of Chesterfield.

The following report has been received from Dr. J. A. Stirling, the Borough School Medical Officer, concerning the Excepted District of Chesterfield :—

"In general the standard of health of the school children in the Borough has been highly satisfactory. The majority of the pupils are well nourished, well clad and appear to have all their physical needs provided for. There are, however, still a few problem families—the same families, the same problems from generation to generation—which makes one blot on a remarkable social revolution in physical well being. Constant vigilance by the various services, not least by the school nurses, is needed to watch the interests of the children of these few families.

Although it is pleasing to report on the splendid physical condition of the school children, the mental well-being is not perhaps all that might be desired, and one manifestation of this is the prevalence of enuresis. Most parents have very little idea how to set about dealing with this condition ; in fact, it still comes to light quite frequently at clinics that an enuretic child is punished for its lapses which it cannot help, thus further increasing the emotional stress. Some parents even go to the extent of hiding this defect from their general practitioner when they are approached. Some of the children are seen at the School Clinic and many of them are improving by the adjustment which parents are able to make, while some of the worst cases are referred to the Child Guidance Team. In general the success in treating this condition is very variable but most children have improved to some extent. It is noteworthy that the Children's Centre have recently bought an Eastleigh Alarm but it is too early to say how useful this piece of equipment will be in helping these children.

It is pleasing to report that close co-ordination has been maintained between all the health and social services in the borough and the fact that the Borough School Medical Officer is also the Medical Officer of Health and the Area Medical Officer for the Derbyshire County Council and that the School Nurses are also Health Visitors makes for easy working. The Hospital Authorities also co-operate most excellently in connection with the treatment of children referred by the School Medical Officer, with the general practitioners' approval, and the notification of children requiring follow-up after their discharge from hospital after treatment. The relationship between the medical and nursing staffs of the department and the general practitioners in the town has been excellent.

One of the most important functions of the School Health Service is the early ascertainment of handicapped children. Perhaps the largest group of children requiring ascertainment are those which can be termed educationally subnormal. In the Ministry of Education Pamphlet No. 5 it is estimated that about 1% of children require special education in boarding or day schools for Educationally Subnormal Children. The average ascertained in Chesterfield is lower than that because only abnormal children who essentially require a special education are classified as such. It is usual for such children to be tried out first in an ordinary school, and it is found that some children are able to accommodate themselves to the requirements. The danger is that young children below school age may not be ascertained and thus deprived of the training which is most suited to their ability, i.e. an occupational centre for ineducable children. Further progress has been made in the admission of educationally subnormal boys to boarding schools but the situation is not quite as happy with girls and the opening of the Educationally Subnormal School in Chesterfield in the future will greatly help the situation. Another group of handicapped children requiring special mention are those suffering from epilepsy, and there has been a definite reduction in recent years in the number of children requiring special education for this complaint. It is especially gratifying to see how well children do when they have been released from the epileptic colonies. Even children who have previously had major status epilepticus hardly have any difficulty when they return either to Brambling House Open Air School or to an ordinary school and this reflects great credit on the advance of medical science in this sphere.

All the clinics have continued to function as in previous years and the arrangements made some years ago with the Chesterfield Hospital Management Committee whereby the Orthopaedic and Ophthalmic Clinics are held in our buildings and staffed by hospital specialists have remained satisfactory.

Except for an outbreak of measles in the early part of the year, the incidence of infectious diseases amongst pupils has been generally low. As regard poliomyelitis, it was necessary to close two nursery classes for a period of three weeks, and this shows the importance of having a large proportion of children in nursery classes immunised against poliomyelitis. A considerable number of primary school children have been vaccinated against poliomyelitis at the Town Hall School Clinic. It is eventually hoped to carry out these vaccinations at the schools but at present it is not possible to do this owing to the initial difficulties in administration.

Speech Therapy has been carried out along similar lines as previously at the Town Hall and Edmund Street Clinics. One morning each week has also been spent at Brambling House Children's Centre to deal with those children attending this school. Weekly treatment has been given for a variety of defects such as stammering, dyslalia, cerebral palsy, cleft palate and retarded speech. Besides those regular patients, a number of children have been kept under observation and have been seen at three monthly intervals. The full time access to a tape recorder is a great asset to both patient and

therapist. As far as possible a recording is made of the child's speech on being admitted for treatment. The therapist uses her own discretion as to whether the patient is allowed to hear it, as sometimes it is upsetting to hear how severe the defect may be. Another recording is then made after the patient has had treatment for some time. The two recordings are then compared and thus both patient and Speech Therapist can be helped by hearing the difference in the standard of speech. It is, in fact, the only way a true record of speech can be attained.

The excellent work of rehabilitating the delicate children of the Borough and children from surrounding areas so that they become fit to return to normal schools has continued at Brambling House Open Air School. During the past year there has been a marked rise in the number of children suffering from bronchiectasis admitted to the school and it is pleasing to report that they have all done exceptionally well and have been able to return to normal schools after a minimum period. A small number of emotionally disturbed children have also been admitted who take their part in the normal life of the school, and there is no doubt that excellent results are obtained by this method. The close link between the Open Air School on one hand and the Children's Centre and Holly House Children's Hostel on the other has again been well maintained.

The School Dental Service continued during 1957 on the usual lines including the treatment of school and pre-school children. Every effort was made to give a complete treatment and make the patient dentally fit. Some dentures were supplied mainly to replace front teeth broken or lost through accidents, and also some orthodontic treatment was undertaken to improve irregularities of the teeth and mouth. This was done either by extraction or by appliances or a combination of both. The consultant Dental Surgeon at the Royal Hospital has been most helpful with cases that could not, for health or other reasons, be treated at the Clinic. The children at special schools were all examined and received treatment."

APPENDIX

TABLES OF THE MINISTRY OF EDUCATION

Ministry of Education—Medical Inspection Returns—Year ended 31st December, 1957
Local Education Authority—Derbyshire

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

	Divisional Executive					Totals	
	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	
A. Periodic Medical Inspections :							
Age Groups inspected and Number of Pupils examined in each :—							
Entrants	1,194	2,858	989	2,077	2,000	927	10,045
Children in their first year as seniors	857	2,234	977	2,233	1,232	1,212	8,745
Leavers	764	1,903	1,173	1,407	1,192	1,013	7,452
Totals	2,815	6,995	3,139	5,717	4,424	3,152	26,242
Additional Periodic Inspections*	442	555	275	184	366	321	2,143
Grand Totals	3,257	7,550	3,414	5,901	4,790	3,473	28,385
B. Other Inspections :—							
Number of Special Inspections	365	1,456	290	955	857	1,031	4,954
Number of Re-inspections	1,039	853	787	993	2,126	3,890	9,688
Totals	1,404	2,309	1,077	1,948	2,983	4,921	14,642

* Children at Special Schools or who missed the usual periodic inspection.

TABLE I (*continued*)**C.—Pupils found to require Treatment**

Number of Individual Pupils found at periodic medical inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.—(1) Pupils found at Periodic Medical Inspections to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Divisional Executive	Group	For Defective Vision (excluding Squint)	For any of the Other Conditions recorded in Table III	Total Individual Pupils
North-west ..	Entrants	38	103	135
	Second Age Group ..	124	81	189
	Leavers	148	64	197
	Total	310	248	521
	Additional Periodic Inspections	37	77	96
	Grand Total ..	347	325	617
North-east ..	Entrants	50	521	522
	Second Age Group ..	237	251	428
	Leavers	196	175	315
	Total	483	947	1,265
	Additional Periodic Inspections	27	69	96
	Grand Total ..	510	1,016	1,361
Mid-Derbyshire	Entrants	13	112	119
	Second Age Group ..	89	84	171
	Leavers	108	73	175
	Total	210	269	465
	Additional Periodic Inspections	18	49	61
	Grand Total ..	228	318	526

TABLE I (*continued*)

Divisional Executive	Group	For Defective Vision (excluding Squint)	For any of the Other Conditions recorded in Table III	Total Individual Pupils
South-east ..	Entrants	9	262	262
	Second Age Group ..	167	232	373
	Leavers	125	113	227
	Total	301	607	862
	Additional Periodic Inspections	34	67	99
	Grand Total ..	335	674	961
South ..	Entrants	17	371	381
	Second Age Group ..	112	250	278
	Leavers	134	172	258
	Total	263	793	917
	Additional Periodic Inspections	13	84	89
	Grand Total ..	276	877	1,006
Chesterfield ..	Entrants	6	149	154
	Second Age Group ..	50	84	127
	Leavers	31	73	102
	Total	87	306	383
	Additional Periodic Inspections	3	143	143
	Grand Total ..	90	449	526
Totals—Whole Administrative County ..	Entrants	133	1,518	1,573
	Second Age Group ..	779	982	1,566
	Leavers	742	670	1,274
	Total	1,654	3,170	4,413
	Additional Periodic Inspections	132	489	584
	Grand Total ..	1,786	3,659	4,997

TABLE I (continued)

D.—Classification of the Physical Condition of Pupils inspected during the Year in the Age Groups

Divisional Executive	Age Group	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
			No.	% of Col. (3)	No.	% of Col. (3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
North-west	Entrants	1,194	1,186	99.33	8	0.67
	Second Age Group	857	852	99.42	5	0.58
	Leavers	764	758	99.22	6	0.78
	Additional Periodic Inspections	407	386	94.84	21	5.16
	Totals	3,222	3,182	98.75	40	1.25
North-east	Entrants	2,858	2,672	93.50	186	6.47
	Second Age Group	2,234	2,079	93.06	155	6.94
	Leavers	1,903	1,855	97.47	48	2.53
	Additional Periodic Inspections	555	540	97.30	15	2.70
	Totals	7,550	7,146	94.65	404	5.35
North-east Derbyshire	Entrants	989	974	98.49	15	1.51
	Second Age Group	977	960	98.26	17	1.74
	Leavers	1,173	1,170	99.74	3	0.26
	Additional Periodic Inspections	275	262	95.27	13	4.73
	Totals	3,414	3,366	98.60	48	1.40
North-east	Entrants	2,077	1,930	92.93	147	7.07
	Second Age Group	2,233	2,096	93.86	137	6.14
	Leavers	1,407	1,359	96.60	48	3.40
	Additional Periodic Inspections	184	143	77.80	41	22.20
	Totals	5,901	5,528	93.69	373	6.32
North	Entrants	2,000	1,989	99.45	11	0.55
	Second Age Group	1,232	1,229	99.80	3	0.20
	Leavers	1,192	1,185	99.42	7	0.58
	Additional Periodic Inspections	366	363	99.19	3	0.81
	Totals	4,790	4,766	99.50	24	0.50
Nottingham	Entrants	927	868	93.77	59	6.03
	Second Age Group	1,212	1,147	94.64	65	5.36
	Leavers	1,013	968	95.56	45	4.44
	Additional Periodic Inspections	149	115	77.20	34	22.80
	Totals	3,301	3,098	93.86	203	6.14
Totals— Whole Administrative County	Entrants	10,045	9,619	95.76	426	4.24
	Second Age Group	8,745	8,363	95.65	382	4.35
	Leavers	7,452	7,295	97.89	157	2.11
	Additional Periodic Inspections	1,936	1,809	93.43	127	6.57
	Grand Totals	28,178	27,086	96.12	1,092	3.88

TABLE II
Infestation with Vermin

NOTES.—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils appears in the body of this Report.
All cases of infestation, however slight, are recorded.
Items (ii), (iii) and (iv) relate to individual pupils and not to instances of infestation.

	Divisional Executive					Totals
	North-west	North-east	Mid- Derbyshire	South-east	South	Chester- field
(i) Total number of examinations in the schools by the school nurses or other authorised persons	25,411	54,632	33,935	36,229	37,983	30,279
(ii) Total number of individual pupils found to be infested	270	1,035	376	543	254	167
(iii) No. of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ..	—	10	—	—	1	—
(iv) No. of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	—	—	—	—	—	—
						218,459
						2,645
						11
						—

TABLE III

**Return of Defects found by Medical Inspection in the Year
ended 31st December, 1957**

PART I—WHOLE ADMINISTRATIVE COUNTY

Note—All defects noted at Medical Inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

A.—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				Total (including <i>all</i> <i>other</i> age groups inspected)	
		Entrants		Leavers		Requiring treatment (7)	Requiring observation (8)
		Requiring treatment (3)	Requiring observation (4)	Requiring treatment (5)	Requiring observation (6)		
4	Skin	144	115	149	77	451	271
5	Eyes— <i>a.</i> Vision ..	133	192	742	491	1,786	1,170
	<i>b.</i> Squint ..	234	74	69	17	278	120
	<i>c.</i> Other ..	43	34	31	18	91	81
6	Ears— <i>a.</i> Hearing ..	24	67	21	28	64	116
	<i>b.</i> Otitis Media	62	110	45	42	128	157
	<i>c.</i> Other ..	27	94	74	64	51	221
7	Nose and Throat ..	314	876	119	119	378	1,059
8	Speech	84	143	16	11	123	154
9	Lymphatic Glands ..	26	582	60	37	33	575
10	Heart	28	139	26	69	62	246
11	Lungs	111	427	95	85	220	560
12	Developmental—						
	<i>a.</i> Hernia ..	20	44	11	9	33	54
	<i>b.</i> Other ..	23	190	39	49	77	309
13	Orthopaedic—						
	<i>a.</i> Posture ..	15	48	28	35	76	141
	<i>b.</i> Feet ..	208	232	154	141	439	499
	<i>c.</i> Other ..	184	381	79	72	345	484
14	Nervous System—						
	<i>a.</i> Epilepsy ..	15	9	15	2	45	29
	<i>b.</i> Other ..	18	45	13	15	33	41
15	Psychological—						
	<i>a.</i> Development	15	54	5	24	79	111
	<i>b.</i> Stability ..	14	152	72	121	107	438
16	Abdomen	22	43	15	18	48	99
17	Other	68	110	58	69	209	410

TABLE III (*continued*)**B.—SPECIAL INSPECTIONS**

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4	Skin	133	55
5	Eyes— <i>a.</i> Vision	240	582
	<i>b.</i> Squint	197	42
	<i>c.</i> Other	87	23
6	Ears— <i>a.</i> Hearing	23	57
	<i>b.</i> Otitis Media	45	39
	<i>c.</i> Other	27	23
7	Nose and Throat	176	236
8	Speech	69	62
9	Lymphatic Glands	13	122
10	Heart	31	98
11	Lungs	79	127
12	Developmental— <i>a.</i> Hernia	13	11
	<i>b.</i> Other	19	41
13	Orthopaedic— <i>a.</i> Posture	22	20
	<i>b.</i> Feet	90	57
	<i>c.</i> Other	79	78
14	Nervous System— <i>a.</i> Epilepsy	21	8
	<i>b.</i> Other	25	21
15	Psychological— <i>a.</i> Development	71	63
	<i>b.</i> Stability	39	62
16	Abdomen	22	32
17	Other	138	180

Return of Defects found by Medical Inspection in the Year ended 31st December, 1957

PART II—DIVISIONAL EXECUTIVES (continued)

Defect Code No.	Defect or Disease	Periodic Inspections					Special Inspections					Requiring observation					Requiring Treatment					Requiring observation																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
		Total (all age groups)										Requiring observation					Requiring Treatment					Requiring observation																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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		North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South-east	South	North-west	North-east	Mid- Derbyshire	South

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

95

	Number of Cases known to have been dealt with													
	By the Authority						Otherwise							
	Divisional Executive						Divisional Executive						Totals	
	North-west	North-east	Mid-Derbyshire	South-east	South	Ches-ter-field	Totals	North-west	North-east	Mid-Derbyshire	South-east	South	Ches-ter-field	Totals
External and Other, excluding errors of refraction and Squint ..	-	16	2	48	2	73	141	-	5	32	16	111	5	169
Errors of refraction (including Squint) ..	848	-	-	-	-	-	848*							7,854†
Totals	848	16	2	48	2	73	989							8,023†
Number of Pupils for whom Spectacles were Prescribed	585	-	-	-	-	-	585*							5,180†

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

Received Operative Treatment :—	Number of Cases known to have been Treated													
(a) for diseases of the ear	—	—	—	—	—	—	—	1	13	8	11	13	5	51
(b) for adenoids and chronic tonsilitis ..	—	—	—	—	—	—	—	36	240	16	71	98	135	596
(c) for other nose and throat conditions ..	—	—	—	—	—	—	—	—	2	—	7	17	6	32
Received other forms of treatment	—	12	2	15	1	21	51	5	—	—	—	—	22	27
Totals	—	12	2	15	1	21	51	42	255	24	89	128	168	706
Total number of pupils in schools who are known to have been provided with hearing aids :—														
(a) in 1957	—	—	—	—	—	—	—	—	2	—	1	—	1	4
(b) in previous years ..	—	—	—	—	—	—	—	5	7	—	3	1	7	23

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

† It has not been possible to analyse this figure into "Divisions."

TABLE IV (continued)

GROUP 3.—ORTHOPAEDIC, AND POSTURAL DEFECTS.

	By the Authority						Otherwise							
	Divisional Executive						Totals	Divisional Executive						
	North-west	North-east	Mid-Derbyshire	South-east	South	Ches-ter-field		North-west	North-east	Mid-Derbyshire	South-east	South	Ches-ter-field	
Number of Pupils known to have been treated at clinics or out-patient departments	-	-	-	-	-	-	-	71	215	220	65	493	140	1,204

GROUP 4.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table II).

	Number of Cases Treated or Under Treatment during the Year By the Authority						
	Divisional Executive						
	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Totals
Ringworm—(i) Scalp	-	-	-	-	-	-	-
(ii) Body	-	-	-	-	-	5	5
Scabies	-	-	-	-	-	3	3
Impetigo	4	6	-	5	-	5	20
Other Skin Diseases	-	72	-	31	-	137	240
Totals	4	78	-	36	-	150	268

GROUP 5.—CHILD GUIDANCE TREATMENT.

GROUP 3: Child Guidance Clinics	Divisional Executive						Totals
	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	
Number of Pupils treated at Child Guidance Clinics under arrangements made by the Authority	16	92	118	121	94	156	597

GROUP 6.—SPEECH THERAPY.

Number of Pupils treated by Speech Therapists under arrangements made by the Authority	Number of cases treated or under treatment during the year by the Authority						
	Divisional Executive						
	North- west	North- east	Mid- Derbyshire	South- east	South	Chesterfield	Totals
	67	174	134	70	187	192	824

GROUP 7.—OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority ..	571	66	-	116	10	417	1,180
(b) Pupils who received convalescent treatment under School Health Service arrangements	-	-	-	-	-	-	-
(c) Pupils who received B.C.G. vaccination	-	-	-	-	-	-	676
(d) Other than (a), (b) and (c) above (specify):— Sunray treatment	-	-	-	-	-	200	200

TABLE V

Dental Inspection and Treatment carried out by the Authority

	North west	North east	Mid- Derby- shire	South east	South	Ches- ter- field	Total
(1) Number of pupils inspected by the Authority's Dental Officers:—							
(a) at periodic inspections ..	618	13,185	3,973	2,149	3,051	1,040	24,016
(b) as specials	3	1,529	143	683	1,185	3,047	6,590
TOTAL (1)	621	14,714	4,116	2,832	4,236	4,087	30,606
(2) Number found to require treatment	526	12,846	3,224	2,580	3,688	3,708	26,572
(3) Number offered treatment ..	398	9,527	2,529	2,332	3,080	3,646	21,512
(4) Number actually treated ..	22	5,903	1,071	1,431	2,169	3,306	13,902
(5) Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11(h) below	39	10,243	1,740	2,248	3,389	6,234	23,893
(6) Half-days devoted to:							
Periodic (School) Inspection ..	8	93	36	15	27	8	187
Treatment	—	1,383	274	225	430	815	3,127
TOTAL (6)	8	1,476	310	240	457	823	3,314
(7) Fillings :—							
Permanent Teeth	42	2,338	1,906	749	1,751	1,652	8,438
Temporary Teeth	—	89	42	21	42	339	531
TOTAL (7)	42	2,427	1,948	770	1,793	1,991	8,970
(8) Number of teeth filled :—							
Permanent Teeth	28	2,044	1,307	649	1,331	1,399	6,758
Temporary Teeth	—	78	33	21	38	294	464
TOTAL (8)	28	2,122	1,340	670	1,369	1,693	7,222
(9) Extractions :—							
Permanent Teeth	8	2,463	331	737	1,288	2,249	7,077
Temporary Teeth	9	7,818	1,350	1,467	3,154	3,635	17,433
TOTAL (9)	17	10,281	1,681	2,204	4,442	5,884	24,505
(10) Administration of general anaesthetics for extraction	9	1,714	601	954	1,263	2,572	7,113
(11) Orthodontics :—							
(a) Cases commenced during the year	—	28	—	—	5	6	39
(b) Cases carried forward from previous year	—	5	—	—	4	6	15
(c) Cases completed during the year	—	10	—	—	6	7	23
(d) Cases discontinued during the year	—	5	—	—	—	—	5
(e) Pupils treated with appliances	—	10	—	—	5	7	22
(f) Removable appliances fitted	—	20	—	—	5	8	33
(g) Fixed appliances fitted	—	—	—	—	—	—	—
(h) Total attendances	—	183	—	—	25	47	255
(12) Number of pupils supplied with artificial dentures	—	32	1	2	3	21	59
(13) Other operations :—							
Permanent Teeth	1	1,403	165	228	237	314	2,348
Temporary Teeth	10	967	552	88	715	75	2,407
TOTAL (13)	11	2,370	717	316	952	389	4,752